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Fifth Annual Meeting of The Canadian Society of Superintendents of Training Schools for Nurses

Held at Niagara Falls, Ont., May 24th and 25th, 1911

Meeting opened with prayer by Rev. Dr. Wallis.

Address of welcome by Mr. Monro Grier, K.C., President of Hospital Board.

The following are extracts from his address:

"I am down on the programme, I think, to deliver an address of welcome to a meeting of the Canadian Society of Superintendents of Training Schools for Nurses. Madam President has been kind enough to say that I am going to address the meeting, and, therefore, it seems somewhat natural that I need not confine myself absolutely to words of welcome, but am going just a little beyond that. I am glad, however, that that remark was made for this reason, that I should not like to be absolutely confined to the very pleasant task of welcoming you, because I should like to say just one word with reference to yourselves and to the objects that you have in view."

"I refer to this morning again, because it appears to be perfectly proper that on this twenty-fourth day of May we allow our deliberations to turn to this Order, to-day being Victoria Day, after the Empire Day of yesterday. What is

the significance of that with reference to your own institution? It appears to me to lie in the denomination of our late beloved Queen, when she was called Victoria the Good. To my mind that is a most charming adjunction of ideas, and when I reflect upon the various classes of mankind, whether men or women, who have to-day that victory over evil things, I defy anyone to bring to mind any class whose occupation it more distinctly is to overcome evil, whose happy honour and privilege it is to be either Nurses, Superintendents of Nurses, or in any other way connected with hospital work. I sometimes think, as doubtless all of you think at various times, that in the naming of things there is not all meaning. If I may quote Shakespeare, 'That which we call the rose, by any other name would smell as sweet.' I have often thought that we, in naming of things, serve not always to remind, but rather to obscure, matters, and in the past, at least, we have been a little too careless about nominating things ill or good. Certainly within the experience of all of us mankind has come to take a far clearer view of matters material and matters spiritual and matters physical."

"Certainly, this we have learned, that things which at certain times or under certain conditions are ill, may by reason of other things brought to bear upon them be converted from things of ill to things of good."

"Speaking of the effect, certainly these things which have an ill effect upon our physical forms are confronted by the nurse and by those who have to do the training of nurses. Then, how obviously natural it is that in commemoration of Victoria the Good there should actually be a Victorian Order of Nurses.

"Take heart of grace in any trouble that you have. The order of nurses is, to my mind, one of the highest on the face of the earth. Certainly, I know of no order which, in my judgment, can rank higher than the order of nurses. So much more important, then, are those who are Superintendents of Training Schools for Nurses. Those of us who touch on hospital matters at all are very sensible of this circumstance, that the duties and obligations and trials of a Superintendent, whether of a hospital or a training school for nurses, are far greater than ever imagined by any ordinary man or woman."

"All the time there is to be the exercise between an extreme discretion and judgment with an abounding plenty of love and charity. Love is not only the finest quality in the exercise of our several duties, but happily it is perfect in the disposition and management of all our lives, so that we shall find that in this Order, some of whose records I have had the honour and pleasure of reading, that quality has been the most effective of all."

"There is a wonderful capacity and force in unity. Whilst one single drop of water passing from the extreme top of the Horseshoe Falls to the bottom would be absolutely valueless as a commercial factor, that drop of water, when with millions of others, serves such a part in the modern history of this Province as to make us understand that we are merely on the threshold of the agent of the power that these simple drops of water develop, namely, electricity."

"Allow me, if I may fittingly do so, to point out to you, whether individual Superintendents, or as a collective body, that all the duty of a day is to discharge the duty of twenty-four hours. The morrow will come and then its duties will be alive to be discharged. But we are not to complain if at the passage of twenty-four hours a week's accomplishment has not been made. And, therefore, take heart of grace. Remember that all things come to an end, even an address of welcome."

"But I must say just one word more in passing, and it is this: It is a very great pleasure to all of us who are here to welcome you to Niagara Falls. It is an extraordinary pleasure to those of us who are associated with the hospital. We do know what good work is. I, as layman, can speak more frankly than a medical man could."

"I trust that if it should seem to you that there is anything of worth in any ideas that I have conveyed to you, that you will be kind enough to abso-

lutely ignore the chaff and bear in mind this, that no matter how poorly the welcome made by me may have been uttered, there is no body of people to whom I could more cheerfully utter 'Welcome and God speed you.'"

Address of welcome by Dr. Kellam, President of Niagara Falls Medical Association:

"Had the Goddess of Eloquence laid her fingers upon my lips as she has laid them on the lips of Mr. Grier, it would have been possible for me to have housed my address of welcome in much more becoming grace of diction than it is possible for me to do. But I wish to assure you, if comparisons are not too odious, that the sentiment in my heart is just as deep. I am to address you on behalf of the Niagara Falls Medical Association. I can conceive of no body of people on the face of this grand earth who will not recognize the medical man to represent the highest sense of citizenship, equalled by few and excelled by none, and if that be true, I may welcome you on behalf of the very highest class of citizens that Niagara Falls represents. You have honored us in coming to Niagara Falls. Speaking as a citizen, it has been our aspiration for some years to make this a convention city, and we have accomplished a great deal. We have had all kinds of conventions—moulders', printers' and painters'—but, rising in the scale, I think that at least you have conferred the highest honour upon us by coming to Niagara Falls. Niagara Falls is the baby city of Ontario, and we have one of the youngest hospitals in the Province, and for you to leave the great centres like Toronto, Montreal and Winnipeg, and come to us, is indeed conferring an honour upon us. I am not backward as a citizen of Niagara Falls. I am conceited enough to say that I am not one of our knockers, and you have done yourselves an honour in coming to Niagara Falls.

"You would have been lacking in judgment if you had accepted the invitation of any other city or town in the Province. Niagara Falls is a remarkable city. Mr. Grier has spoken of the beauty and natural charm of the place, and to hold your deliberations in the very garden of the Dominion of Canada, I think that there will be influences upon you in the atmosphere that will make your deliberation results more beneficial to you.

"We are particularly proud of the work which we have accomplished during the past four years in our hospital, and I think that in accepting our invitation to meet here has had a great deal to do with it. The work has spread. The training we give our nurses has spread among you. I cannot let the occasion pass to speak of one of your number that we have in Niagara Falls—Miss Rodgers—whom we have in our hospital. I understand Superintendents very often have the idea that the Medical Staff and the Board are not as appreciative of your services as they ought to be. If anything has been lacking, it is because we are roused more or less in horror to think that she whose services we have here might be taken to some other place. We are adding to our hospital. Had your visit been postponed for another year or two, I believe you would have seen a group of buildings which will bear comparison with any hospital in the Province of Ontario.

"I have no hesitation in saying that I believe you will have a very profitable session and on behalf of the Niagara Medical Association and the citizens in general, I welcome you to our city."

Reply to addresses of welcome, by Miss Robina L. Stewart, R.N., Superintendent of Toronto General Hospital Training School for Nurses:

"It seems to me, Madam President, ladies and gentlemen, that the hospitality of Niagara Falls is so very well known, particularly during the last two days, that we cannot say too much in expressing how pleased we are to receive your greeting. We are glad to receive this greeting, and also to be reminded of our duties that await us here as Superintendents. There can be no band of workers who face greater problems than those who have the training of nurses in hospitals. Here we receive also a great deal of help and a great deal of en-

couragement. There are no duties that are heavier than the duties of those who are at the head of these training schools. It seems to me that her interest in and her duty to the community at large are things that we all do not recognize, probably because we are just a little ignorant of it. There is no darkness greater than ignorance. We must urge the education of the people.

"Let me thank you in behalf of those who are present for this very gracious welcome, and also on behalf of those who are of necessity not present, let me thank you for this very gracious welcome, and express the regret that there are not more here to share in this welcome and also in the discussions which are to follow."

5. Address by President, Mary Ard MacKenzie, R.N., Chief Superintendent of Victorian Order of Nurses for Canada.

PRESIDENT'S ADDRESS.

Ladies and Gentlemen:—

A President's address should be brief, and I shall try to make mine as brief as possible. First, I must tell you how great a privilege I consider it to preside at a meeting of this society, one of the most important societies in the nursing world.

To all of us, I am sure, as we assembled this afternoon, must have come a feeling of the loss that the nursing profession has sustained since our last meeting. In August the beloved Mother of Trained Nursing, Florence Nightingale, passed beyond the bourne, and in passing she has brought back to us, her daughters, those ideals which shed their influence on her life and made it the well-rounded, beautiful one which we consider so near the ideal one.

And one of our members, one of Florence Nightingale's faithful followers, Miss Anna Chesley, has been called from our midst. Miss Chesley was one of the untiring workers for high standards. She labored well and who can say how far-reaching her influence has been—the great waves of the ocean began as little ripples.

And now let me just enumerate the objects of our association:—"To consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession." Every clause there means work. We are growing very rapidly and it behoves us to commune together regularly, so that we may make haste slowly, do all things deliberately and after careful consideration. The question of registration is one of supreme importance at this very time, and it is from this society, composed largely of the older and more experienced women in the profession that help should be given on this most important matter. For registration is to make the nursing in the world more proficient by setting a standard for training, and that implies co-operation among the different schools in the way of affiliation and post-graduate work. Then, too, the influence we may exert on all questions of public health, and its allied departments, all those matters which we roughly sum up as social service problems, is very great. We are demanding more and more in our profession, that our members be women of broad sympathies and culture, and, if such are to be encouraged, we must look to our superintendents of nurses to see to it that such qualities are fostered in their pupils. And, too, the social side of our society's work is of great importance. We are all bound together by one bond at least of sympathy and we must try to know one another, to work together

without jealousy or friction, sinking little personal differences in the common good. Also, our nursing magazine, the mouthpiece of our profession from ocean to ocean, should be one of our cherished interests, for with us, again, belongs the work of enthusing our pupils in the magazine, so that when they penetrate into other parts they carry with them the conviction that the Nursing Magazine is partly theirs, that they are responsible in a large degree for its success or failure. So we ask that the Nursing Magazine be what it should be—representative of every member, of every society, of every locality and of every interest in our profession in this broad Dominion. In considering the magazine, as in considering this society, we know no east, no west; we are one, whole and undivided.

Last year a number of committees were appointed: one on amalgamation, one on Army Nursing Reserve, and following a suggestion, an effort has been made to arrange for talks to college women on nursing, with a view to attracting the college trained woman, especially for social service work. We shall hear from the conveners of these various committees. This society affiliated with the large women's organization, the National Council of Women, and a report will be given concerning that as well.

The work to be done by this society is voluminous, and for the carrying out of it we need every member, no matter how busy she may be, to do her part. I wish to thank the members for their hearty co-operation during the year. To that is due entirely whatever little progress we may have made. And now I shall not detain you longer, for we have a veritable feast of reason spread out before us, and we are all eager to partake of it.

I shall now call on the secretary to read the names of the new members who have been recommended by the Council.

Report of Council.

Read by Secretary.

Madam President and Members of the Canadian Society of Superintendents of Training Schools for Nurses.—There seems little to report at this fifth Annual Meeting, for the work done by the Council is before you at this Convention.

Three meetings have been held, the distances of the members making it difficult to convene. It has been our aim to present such questions as will be of vital interest and assistance in your arduous duties.

We would draw your attention to the recommendations under the heading of new business. We welcome any suggestions for papers or discussions for the sixth Annual Meeting.

ALICE J. SCOTT, Secretary.

Moved by Miss Matheson, seconded by Miss Brent, that the report be adopted. Carried.

New Members (active).

Miss Lottie R. McLeod, Superintendent Rosamond Memorial Hospital, Almonte, Ont.

Miss Mary C. Macdonald, Superintendent Provincial Royal Jubilee Hospital, Victoria, B.C.

Miss Minnie K. Gallaher, Superintendent Jubilee Hospital, Vernon, B.C.

Miss Kate Madden, R.N., Superintendent of Nurses, City Hospital, Hamilton, Ont.

Miss Jessie A. Gibson, Superintendent Kincardine General Hospital, Kincardine.

Miss Sophia G. MacDonald, Superintendent Moncton Hospital, Moncton, N.B.

Mrs. H. F. M. Bowman, Superintendent Berlin and Waterloo Hospital, Berlin, Ont.

Miss Annie T. Regan, Superintendent Welland County Hospital, Welland, Ont.

Miss Jean Sims, Superintendent Medicine Hat Hospital, Medicine Hat.

Miss Robina L. Stewart, R.N., Superintendent of Nurses, Toronto General Hospital Training School for Nurses, Toronto.

Miss Marion J. Dejean, Superintendent Visiting Nurses' Association, Nangatuck, Conn., U.S.

Mrs. E. G. Fournier, R.N., Superintendent "Minnewaska," Gravenhurst, Ont.

Miss Lottie Fanazick, Superintendent General Hospital, Chatham, Ont.

Miss Elizabeth Ross Greene, Superintendent Hospital for Incurables, Toronto.

Moved by Miss Brent, seconded by Miss Matheson, that the fourteen names be admitted into the Society. Carried.

Miss MacKenzie—As Miss Robinson was unable to keep up the work of the office, Miss Brent very kindly stepped in and fulfilled the duties of Treasurer.

Treasurer's Report.

Balance on hand May 25th, 1910	$61 81
Members' Fees	113 05
Returns from G. N. A. O.	11 50
Interest	25
	$186 61
Expenditure	122 74
	$63 87
Stationery and Printing	39 77
Stamps	19 00
Cable	20 00
Stenographer	33 00
Agent	4 17
Fees, Local Council	2 00
Badges	4 50
Exchange	30
	$122 74

LOUISE C. BRENT, Treasurer pro tem.

Moved by Mrs. Fournier, that report be adopted. Carried.

Report of Committee—Pledges.

Madam President,—At the last Annual Meeting I was appointed to send copies of the pledge for nurses to be used at graduation exercises and recommended by this Society to the various Training Schools throughout Canada. I had a circular letter printed, conveying the recommendation of the Society and asking for a reply as to whether it would be adopted or not.

Some two hundred copies were sent. The replies received numbered thirty, all but one accepting the recommendation and expressing pleasure that the Society had recommended the use of pledge.

ALICE J. SCOTT.

Miss Maxwell moved report be adopted. Carried.

REPORT OF NATIONAL COUNCIL OF WOMEN.

By virtue of my position as President of this Society for the past year, I have represented you at the meetings of the National Council of Women. I attended Executive Committee meetings at Halifax, Brantford, Toronto, and the annual meeting last June in Halifax.

The Halifax Convention was most enjoyable as well as instructive. We were entertained royally. Halifax, with its many points of natural beauty, lends itself to that kind of thing. A trip on the harbor, visits to the gardens and parks, a garden party and a reception at Government House, are a few of the social events which were worked in among the serious events of the convention.

I am not going to attempt to give you a full account of the work of the convention: it would take too long and a very good report of all the sessions is given in the Year Book of the Council.

The three matters which caused most discussion were equal suffrage, white slave traffic and technical education. To the last subject, one of the evening meetings was devoted, when a splendid, very comprehensive address on "Technical Education and Trade Schools" was given by Miss Laura Drake Gill, of Boston. The other evening meeting was given up to Canadian literature and proved a most interesting session.

And now I wish to say just a few words about what this National Council of Women should be to us. It is the Society, composed of the women for the most part who are considering life and its problems seriously, who are investigating and working for the social, physical and spiritual welfare of women and children especially, and who believe that they are their sisters' keepers. It is most fitting that the Society of the Superintendents of Training Schools for Nurses should affiliate with that Council, and it is to be hoped that that affiliation will be a real thing, for these societies can be mutually helpful. All those problems, whose solution means the health, peace and happiness of the world, are considered carefully at the Council meetings, and nurses, who by virtue of their experience and loving ministry among the sick, the poor, the erring and the sad have gained an insight into human ills and so are enabled to give most valuable assistance in solving those manifold problems. But you must not let the Council forget you.

The next convention of the council takes place at Fort William and Port Arthur, beginning June 15th. At this convention special attention is to be given to child welfare work.

All the affiliated societies have been requested to appoint a committee to look after the sale of the Year Book among their members. This Year Book is most interesting and instructive and is only twenty-five cents. The Council needs the proceeds to cover the cost of publication, so it is most desirable that each affiliated society purchase as many copies as possible.

Respectfully submitted,

MARY ARD. MACKENZIE.

Moved by Miss MacKenzie, seconded by Miss Matheson, that report be adopted. Carried.

REPORT OF SPECIAL COMMITTEE ON AMALGAMATION.

Ladies:—

At the last annual meeting of this society, on the request of the Canadian Hospital Association that this society amalgamate with the Hospital Association, it was decided to appoint a committee from each society to study the question in all its bearings and to bring in a recommendation for or against amalgamation at this annual meeting. The committee from this society was composed of Misses Stanley, Robinson and Mackenzie. Owing to pressure of hospital duties, Miss Stanley, the convener, was obliged to withdraw. The remaining members met and decided it would be well to get an expression of opinion from

as many Superintendents of nurses as possible. Accordingly, question and reply cards were sent out to a number of Superintendents, and from those returned we found that 50 per cent. were decidedly against union, 28.6 per cent. were in favor and 21.4 per cent. were doubtful.

This committee begs to recommend that this society do not amalgamate with the Canadian Hospital Association—and for the following reasons: (1) There is enough work to be done in connection with training schools to keep one society busy, and the Canadian Society of Superintendents of Training Schools for Nurses can do that work better, more effectively and more sanely when it preserves its identity. There are many problems for this society to solve, for with its members really rests what the nursing profession is to be. (2) This society in its membership is strictly professional and educational. (3) It has been claimed that the union would make for economy: bargains are very doubtful blessings. That all would reap the benefits of the papers, discussions, etc. That may be obtained by arranging meetings as they are arranged during this convention: they are held at the same place and programmes are so worked out that members from both societies may attend all sessions, and union meetings and conferences may be arranged for as desired. (4) This society would gain nothing by the union, for the members of the Hospital Association know necessarily very little about the training of nurses, whereas the superintendents of training schools know a great deal about the management of hospitals. The object of this association is to study out all the phases of training school work, so that its members may be mistresses of that branch, authorities, to whom all such matters should be referred.

By all means, let us have sympathetic co-operation, friendly, helpful interest in each other's welfare, but—and this should be the watchword of our profession to-day—let us hold fast to this: we are specialists in training school matters, we are mistresses in that part of the work, and nothing should make us give up that place, saving only incompetency. Let us hold fast to that, take nothing less. It is in this society, composed, as it is, of professional women of the highest type, that such truths will be fostered, that we shall, by careful study, build up our ideals, know what an influence we may be, and so be able to take our stand where it was intended we should

Wherefore, this committee respectfully recommends that this society do not join forces with the Hospital Association.

I beg, on behalf of the committee, to move the adoption of this report.

May 25th, 1911. MARY ARD. MACKENZIE.

Moved by Miss MacKenzie, that report be adopted.

Miss Green—If I say anything at all, I move the adoption of the report. I am quite in accord with it.

Miss Stewart—I also am in accord with it.

Miss Stanley seconded the motion. Carried.

Canadian Army Reserve.

Miss Brent—Last year a meeting was held at the same time as the annual meeting in Toronto of the Canadian Society of Superintendents of Training Schools for Nurses to propose the establishment of the Canadian Army Nursing Reserve. A committee was formed, consisting of Mrs. Cotton as President, Miss Snively, Miss MacKenzie, Miss Crosby, and myself. We had three meetings in all, and I am sorry to report that nothing has been done. We had a constitution, which we went carefully over and sent to Ottawa. In the meantime one of the officers from the Association, Major Drum, came to Toronto, and the new ideas he had in connection with it were not acceptable to the Committee. If we followed these ideas, our nurses would have to go to any place in the Empire. If an army were brought into Canada we would need fifteen hundred nurses. Our Society should first be a Canadian Society. Nothing further has been done.

Report of Committee Appointed to Interest College Women.

Miss Brent—We arranged for a meeting at Annesley Hall. Miss MacKenzie was called out of town that day and we could not have a meeting.

Miss Stanley moved that Miss Pashley's resignation be accepted. Carried.

Appointment of Nominating Committee by President.

Mrs. Bowman and Miss Green appointed.

Paper on "Schools of Nursing and the State," by Miss Annie W. Goodrich, R.N., Inspector Nurse Training Schools, New York State Education Department.

SCHOOLS OF NURSING AND THE STATE.

The now almost universal registration movement would seem to evidence beyond further controversy the need of statutory control of the practice of nursing. It is a rather curious fact that the first Nurse Practice Act was passed in South Africa in 1891. In 26 of our 46 United States, nurse practice acts have been passed, the first being the North Carolina Bill in 1903, three other States securing legislation that year—New York, New Jersey and Virginia.

I understand that in Canada your legislation will be similar to ours; that is, each province will have a separate Bill, and that Ontario has a Bill already drafted.

In England, a Bill has been before the House of Commons, and my latest report concerning Australia was that the Bill had been passed by the Upper House. New South Wales has, I understand, a bill similar to New Zealand, with some improvements, and in New Zealand, it seems to me, we find the most far-reaching and comprehensive legislation that has yet appeared. For, though its Nurse Practice Act is very limited in its requirements, in addition to the general systematization of its institutions, through medical and nurse inspection, comes its Hospitals and Charitable Institutions Act, of 1910, which also bears somewhat indirectly upon the preparation of the nurse.

Of New Zealand's legislation, I shall speak more fully in connection with the New York State Bill, which I propose to discuss after presenting a few general statistics concerning hospitals and schools, with a brief summary of the Nurse Practice Acts of the United States.

The 1908 report of the Commissioner of Education in Washington shows 1,026 schools of nursing, 185,932 hospital beds, 26,467 pupils in training, and 6,759 graduates yearly.

In the States that have passed Nurse Practice Acts, the four lines of legal requirements are as follows: Preliminary education, Professional training, Licensing tests and Registry.

Preliminary Education.—Five States require now, or will within the next few years, a High School course or its equivalent—Delaware, Maryland, North Carolina, Oklahoma (1914, West Virginia). Three States require one year of the High School or its equivalent—New Hampshire, New York and Illinois. Six require Grammar School or its equivalent—California, Indiana, Michigan, Minnesota, Nebraska and Missouri. The remainder leave this question to the Governing Board, or do not mention it.

Professional Training.—No State requires less than two years, and seven require three. The average course of instruction as reported by the Commissioner of Education in Washington is two years and eight months. The majority of laws require training in a general hospital; some accept the special hospital with affiliations for the services in which they are deficient.

Licensing Test.—Examination is required for licensing in all States but one—New Jersey.

Registry.—All the laws give the privilege of the use of the title of Registered Nurse, with the abbreviation R.N. Seven States have compulsory registration—that is to say, they make it unlawful to assume the title, indicate to be, or practice as a trained or graduate in addition to Registered Nurse, without a license from the Controlling Board. These States are: Virginia, Indiana, Colorado, Iowa, Texas, Oklahoma and Wyoming.

In sixteen States the Examining Boards are composed wholly of nurses—Colorado, Connecticut, District of Columbia, Georgia, Indiana, Maryland, Nebraska, New Hampshire, New York, Oklahoma, Texas, Virginia, Washington, Wyoming, Missouri and Illinois.

In seven States the Board is composed of nurses, doctors and laymen—Delaware, North Carolina, Michigan, California, Iowa, Minnesota and Massachusetts.

In two States the Board is entirely composed of men—Pennsylvania and West Virginia.

Fourteen States have a reciprocity clause, namely, a clause that provides that nurses who have received their training in States making the same requirements as their own may be registered in these States without examination. Twelve make no such provision. These are: North Carolina, New Jersey, New York, Maryland, Indiana, Connecticut, West Virginia, Georgia, Delaware, Pennsylvania and Massachusetts.

The New York State law, and this is the law with the workings of which I am most conversant, reads in part as follows:*

"Any resident of the State of New York being over the age of 21 years, and of good moral character holding a diploma from a Training School for Nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York, as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practice as a Registered Nurse, etc. It also provides a Board of Examiners. Following the Nurse Practice Act, we find the more detailed Regents' rulings, which, of course, are subject to change as new conditions arise, and which read at present in part as follows:

Requirements for Registration of Training Schools for Nurses.

REGENTS' RULES. CHAPTER 12.

451. Incorporation.—A training school for nurses or the institution of which it is a department, must be incorporated (by the Regents subsequent to July 19, Laws of 1907, Ch. 646), and will be inspected by the Education Department upon receiving its formal application for registration, showing that it possesses the minimum requirements.

452. Hospital Facilities.—For registration, a nurses' training school must be connected with a hospital (or sanitarium) having not less than 25 beds (unless there is a daily average of 25 patients in the hospital, affiliation with other hospitals should be provided), and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital's facilities for private or ward patients.

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*Note.—The data concerning the different Nurse Practice Acts has been gathered together by Miss Louise C. Boyd, Graduate of the Hospital Economics Course, Teachers' College, Columbia University, to whom I beg to acknowledge my indebtedness.

454. Subjects of State Examination.—Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing with operative technic, including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick, including (a) twelve lessons in cooking in a good technical school or with a competent diet teacher, (b) food values and feeding in special cases, to be taught in classes, not by lectures, (6) a thorough course of theoretical instruction in contagious nursing where practical experience is impossible, (7) bacteriology.

455. Professional Education.—The period of instruction in the training schools shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital, etc.

I believe that New York State, by placing the schools in the hands of its State Board of Education, under the Regents, with its Nurse Board of Examiners, its Advisory Council and its inspection of the institutions, has done more for the education of the nurses than any State, not excepting those with a higher education requirement and a longer professional training. It is bringing about a greater uniformity in the curricula of the schools, by the issuance of its syllabus. It is requiring institutions to affiliate for the services in which they are deficient; it has called for a larger teaching and administrative staff; it is lessening the hours of practical work, and has obtained better housing conditions for the pupils, thereby attracting a higher grade of women to the profession, and in many institutions unhygienic and unsanitary conditions which have made them most undesirable teaching fields, have been done away with, or at least improved; but the law in New York State is permissive only, not mandatory, and herein lies its limitation.

It is interesting to compare the New Zealand legislation with the work in New York State, for I believe that the systematization of the institutions of which I have spoken, and its wider legislation controlling institutions, is the direct result of the study of the problems which that country has been able to make through its medical and nurse inspection, though I am unable to state when such inspection was obtained. One of the most important results is their perception of the necessity of and their determination upon a fixed proportion of trained and untrained nurses. Let me quote as follows from the Annual Report of the Inspector-General of Hospitals:

"Table 1 shows particulars relating to the 53 hospitals in the Dominion. There are 68 paid surgeons in the public hospital service, and 593 nurses. Of the latter, 188 are certificated. Therefore, there is one trained nurse to every 2.1 untrained, or, in other words, 31 per cent. are trained nurses. This proportion should not go below one trained to every three untrained."

Neither does this number of salaried assistants lower their proportion of nurses to occupied beds, as is shown by the following statement:

"Statistics show that there is one nurse to every three beds in the Dominion, but, as the beds of some of our hospitals are never fully occupied, deductions drawn from these data would be misleading. A better idea can be gained by considering the proportion of nurses to the daily average of occupied beds, which for the Dominion amounts to one nurse for every 2.3 beds occupied." The proportion of nurses to occupied beds, according to this year's reports from the registered institutions in New York State, is one to three, exclusive of the hospitals for the insane. Including these institutions, one to 5.1. I do not know what the proportion of graduates to undergraduates is in the United States, but I fear it is far from one to 2.1.

Their Nurse Practice Act, which, as I said before, is somewhat meagre in its requirements, was passed previous to 1902, and reads as follows:

"After January, 1902, any nurse who has attained the age of twenty-three

and holds a three-years certificate of training from her hospital, showing that she has had not less than twelve lectures from medical officer and matron during each year of her training, and who passes the State examination, can be registered as a New Zealand nurse. Examination fee, one pound."

Following this, in 1910, the Hospitals and Charitable Institutions Act was passed, to which I also referred earlier, and for my knowledge of which I am indebted to the Nursing Journal of New Zealand, which provides that all institutions in a district be under the control of a single Board, instead of the separate boards of the individual institutions. It defines very clearly and comprehensively the kinds of institutions which may be established under such boards, from the general hospital to "any institution established for any other purpose which the Governor-in-Council declares to be a public charitable purpose within the provision of the Act." It controls the building of all institutions by requiring the consent of the Minister, who through the Inspector-General of Hospitals may inform himself of the need of such additional institutions. I understand that it requires that the plans of all contemplated buildings be submitted for criticism. The appointment of the Boards of medical officers, matrons, etc., must also be referred to the Minister, which again gives an opportunity to the Inspector-General or his assistant to avert improper and unfitting appointments. This Act provides that the members of these Boards may be either men or women. The clause which most closely bears upon the schools of nursing is that which controls their hours of employment, and which reads as follows:

"In hospitals of over 100 beds, the hours of employment of uncertificated nurses shall not exceed 56 in any one week."

The evolutionary process that has turned the industries out of the home, and consequently has turned the single and self-supporting woman out, has gone still further, and relieved and is relieving more and more the home of its most precious burdens, the care of its helpless—the children, the aged, the mentally or physically unsound. "The general object," says the former edition of the Encyclopedia Britannica, "for which hospitals have been established may be stated to be the gratuitous medical and surgical treatment of indigent sick." That is not a picture of the hospital to-day. The hospitals have become complicated and costly plants for the sick of all classes, and with all forms of diseases, with an ever-increasing number of beds (a well-known architectural magazine, calling for specialists in hospital construction, stated that whereas the number of hospital beds in Massachusetts to the population had been until recently less than one to 1,500, would soon be one to 100), and an ever-increasing number of departments, such as social service, X-ray, dental department, always increasing the cost of maintenance, and always requiring an addition to the staff.

The hospitals must provide the luxuries of the hotel for the wealthy, and the medical and nursing care at less cost than they could obtain it in their homes for the people of moderate means. They are the practice fields for the student doctor, and for the student nurse; they must provide the theory as well as the experience. They are the scientific workshops of the nation's health, upon whose accurate, intelligent and conscientious work the value of the experiments of the medical scientists must greatly depend.

A leading practitioner in New York recently addressing a graduating class of a well-known institution, said:

"There is another view of your usefulness to which I have not seen allusion anywhere. I am thinking of the results of your help to the doctor in the study and solution of his problems. It seems to me that her share in the advancement of medical knowledge has never been fully accorded to the trained nurse. For all our information as to the symptoms presented by the patient in the intervals of our visits, we must rely upon your powers of observation and your skill in recording your observations. You must fill many a gap in our ex-

perience of the patient's condition; much of our knowledge of daily, hourly changes in his disease could not be acquired without your assistance. Our study of his malady would be but fragmentary and disconnected if you were not here to help us."

If this be true, and no one can deny it, the contention of our nurse experts that a definite preliminary preparation is absolutely essential, is true also. As you are probably aware, this contention has been sustained recently by the National Hospital Association, who have recommended that such courses should be established in every school, and should extend over a period of not less than three months—preferably six—with an entrance educational qualification of a year of the High School or its equivalent. A careful study in one state of hospital conditions (and I do not question but that this would be true not only of the United States, but of Canada) shows that the establishment of such courses, owing to the limited housing capacity and limited administrative and teaching forces, and, above all, limited endowment, is out of the question in all but a few (not more than five institutions) in the country. Should the State, therefore, limit itself to Acts that define who shall practice as a nurse? Should it not go further, and provide in its high schools, its technical schools or its colleges, preparatory courses, make State appropriations to that end?

The nation seems to be awakening to an appreciation that its most valuable resource is a healthy population. Should it not insure for this group of workers, upon whom it depends not only in its institutions, but throughout the community, for a very definite assistance in the solution of the health problems, proper theoretical preparations for this work?

The deterioration of the industries through the failure of the shop to produce the skilled artisan, because of the inevitable subordination of the apprentice to the needs of the shop, has produced the vocational schools, for which the State makes large appropriations yearly. Study the statisties of any large group of our institutions, and you cannot but deduce that the same result is arising in our schools. The subordination of the pupil to the needs of the institution is failing to prepare the nurse for the needs of the community. From the professions down through the trades, the apprenticeship system has disappeared except in our schools. Not anyone can study the question of the vocations and not appreciate how closely allied their problems are to ours, for their skill is mainly dependent upon their practical experience, and yet they require sufficient theory to make their practice intelligent. Says one writer contending for more theory in the preparation for the trades:

"Practice in one section of the trade does not always produce skill, and gives no knowledge whatever of theory." I do not find that in Germany the preparation for any trade requires less than nine hours' theory weekly, and the German law requires that every child shall be under educational influence until 18 years of age. I believe that I am correct when I state that the average number of hours in our training schools devoted to theory weekly is not more than three. Our requirement of one year of the High School, or its equivalent, means that a girl may leave school at 16, and even this educational requirement, owing to the increasing force needed, is being contested. The increased force required in institutions does not jusify the lowering of educational standards. The difficulty must be met in some other way.

May I again quote from the Encyclopedia Britannica?—

"The duties of the nurse ought to be distinctly confined to attendance on the sick, and not menial work demanded of them, such as scrubbing the floors and the like. A proper staff of servants ought to be employed for such purposes."

If this was true in 1884, how much more to-day, with the increasing demands upon the pupil nurse, due to the scientific advance of surgery and medicine! The fixed proportion of graduates to undergraduates that I have men-

tioned would also, of course, increase the force, but we must go further than this to relieve the situation.

In a remarkable book by the late President of the American Society of Mechanical Engineers, called "The Principles of Scientific Management," Mr. Taylors says:

"In the past the man has been first; in the future the system must be first. This in no sense, however, implies that great men are not needed. On the contrary, the first object of any good system must be that of developing first-class men, and under systematic management the best man rises to the top more certainly and more rapidly than ever before." And he adds: "This paper has been written,

"First, to point out, through a series of simple illustrations, the great loss which the whole country is suffering through inefficiency in almost all of our daily acts.

"Second, to try to convince the reader that the remedy for this inefficiency lies in systematic management, rather than in searching for some unusual or extraordinary man.

"Third, to prove that the best management is a true science resting upon clearly defined laws, rules and principles, as a foundation. And, further, to show that the fundamental principles of scientific management are applicable to all kinds of human activities, from our simplest individual acts to the work of our great corporations, which call for the most elaborate co-operation," and Mr. Taylor proves his point by many practical examples.

No one can study our institutions and not realize that every word of this applies to them. Let me give three simple illustrations: Years ago, Sir Douglas Galton said that the watchword of the institution should be light, air, cleanliness and speedy removal of refuse. Since October, I have inspected over 90 institutions; in one only have I found an efficient and immediate method for the disposal of refuse. An oven built in the wall of the surgical dressing room for the destruction of waste material, inconspicuous, sanitary, safe, and immediate in its action.

Consider the way in which patients receive their meals in the long wards of the general hospital (sometimes 80 to even 100 feet). These trays are carried, not by maids, not by orderlies, sometimes by patients, but usually by nurses. In one institution of those I have inspected, there is a food carrier, upon which some ten trays can be placed, and the whole truck easily carried by one person the entire length of the ward. The vacuum cleaning system which is being installed far more slowly into our institutions for the sick than in the hotels and other public buildings, reduces perceptibly the force of cleaners. I think we could all multiply, with a little thought, these examples, and every example calls for such a study of the scientific managements of institutions.

I believe the State, therefore, must go beyond the question of preliminary training, and require that every institution maintaining a school shall give evidence of its fitness as a teaching field for the nurse from the standpoint of administration, and not administration only, but of endowment, construction, equipment and clinical material, and that every woman desiring to practice as a nurse should not only pass an examination, but give evidence of having had experience in medical and surgical nursing, children's and mental diseases, and obstetrics, in institutions approved by the State.

Let me repeat and add to the statistics I have already given concerning the hospitals and schools:

Of the 1,026 schools of nursing, 938 are connected with general hospitals, and 70 with hospitals for the insane; 87,373 of the nearly 200,000 hospital beds are in the 938 general hospitals; 97,345 beds are to be found in the 70 hospitals for the insane. Of the 26,467 pupils, 22,448 are with the general hospitals; 2,451

are in the hospitals for the insane. Of the 6,759 graduates, 5,702 graduated from the general hospitals, and 746 only from hospitals for the insane.

It is true that the duration of a case accounts for the large number of hospital beds for the insane, but this does not alter the fact that the proportion of sane to the insane in some of our States is one to 200; that about 50 per cent. are sent out of the institutions, if not cured, sufficiently improved to be discharged, and that a very large proportion of the cases are due to preventable causes; and yet of our 6,000 or more graduates, the number who really have had experience in the care of mental diseases is probably not over 800, and this 800 have usually little knowledge of general nursing, and yet the relation between the physical and mental is too close to be denied. Then let us study the statistics of the general institutions: Of the 123 registered hospitals in New York State, 25 per cent. have over 100 beds, 75 per cent. coming under the head of small institutions, and show roughly the following division of services:

Surgery, 18; medical, 8; children, 4; obstetrics, 2. The mother and the child, therefore, are taken care of in the home, and the knowledge of these conditions is particularly essential for the graduate nurse. Do not such statistics demonstrate very clearly the need of statutory regulation?

The work of the nurse in the community is no longer palliative only, but preventive. Her work is no longer confined solely to the home, nor is her work in district association confined solely to nursing. Let me read the four branches of work as outlined from the Nurses' Settlement of Henry Street, New York: First—Civic Work—Fight for clean streets, better schools, more parks, improved conditions. Second—Social Work—Clubs, classes, kindergartens, gymnasiums, etc. Third—Country Work—Summer fresh air parties, camps, vacation homes, convalescing homes. Fourth—Visiting Nursing. In the report just issued by the Society for the Study and Prevention of Infant Mortality, we find articles dealing with the instruction of the father and the instruction of the mother, and the instruction of the teachers, and in nearly every article we note that the instruction of the mother and child is in the hands of the nurse. We find no article that states what the nurses' preparation shall be for such important work. According to Miss Water's work, "Visiting Nurses in the United States," we find there are visiting nursing associations in 38 States, with a total number of 641 associations, representing about 1,500 nurses; 29 municipalities, representing 16 States, employ visiting nurses for tuberculosis patients, the number of nurses employed being about 200. Public school nurses are employed by 23 municipalities, representing 14 States, the number of nurses being nearly 300. We have, therefore, nearly 2,000 nurses in visiting nurses' work, nearly 500 being employed by municipalities alone. Concerning this work in one field, the division of Child Hygiene, the Bureau of Municipal Research in New York has prophesied the most far-reaching results in the reduction of infant mortality, increased national efficiency from the education and industrial standpoint, even "the decrease of poverty and crime." If our proportion of graduates nearly approached the proportion previously mentioned, we should need over 8,000 graduates in the institutions alone. Not less than 3,000 are required, as it is in administrative and teaching positions. In New York, upon the city pay-roll appear the names of over 600 graduates, not one of whom is receiving a salary of less than $700 yearly. Has the State no responsibility in the preparation of a force of workers upon whom it is calling so largely? There is but one university in the world that offers any advanced preparations for the administrative and teaching fields, the Department of Nursing and Health, Columbia University, mainly supported by our Nurses' Associations until recently endowed by a far-sighted philanthropist in New York. Such departments should be found in every university.

Legislation for all professions has come not through the community at large, but through its own members, whose knowledge of how such professions

can best serve the State, has given them the privilege of the controlling voice, and the reward of whose efforts has been the ultimate approval and support of the people. We nurses should stand strongly together, working unceasingly to awaken the community to the need of a high educational standard, and a comprehensive and thorough preparation of our members for their great responsibility. I think there could be none greater—the daily and hourly responsibility of the nation's health.

ANNIE W. GOODRICH, R.N.,

Inspector Nurse Training Schools, New York State.

Discussion.

Miss Madden—I should like to be able to express to Miss Goodrich our thanks and appreciation for her paper. I think the matter is perhaps new to us in a sense. We have all thought it, but we have not been able to formulate it. We realize our inability to give the thorough training we should to our nurses. It is safe to say that. I know it is in my own case. I feel, of course, the registration matter has been the means of bringing about conditions as they are in New York State, and they are better there than in any other State, far better than they are in Ontario. I graduated from a hospital in New York myself. It has been benefited and improved since the registration of nurses has been approved, and taken up. I was in charge of one in New York City for a short time, and I know the changes there. Nurses in Massachusetts got their registration a year ago. There is no question but that we all want registration in Ontario, and we want it to be in the best possible form when we get it. The value of this Act, of course, is plain. It simply makes it possible for the Superintendents of training schools to give nurses in training the training that she thinks they require. Now that we have no State inspection, no help, each one standing alone, it is a very difficult problem for us all. Certainly, if the nurses might be given a preliminary training in our colleges, it would solve the problem for us. Just at present we are trying to arrange a course in Chemistry. Anything that pertains to the thorough training of the nurses is a benefit to the community at large. Nurses' work is enlarging all the time. Miss Goodrich has told us some of the things that the nurses are expected to take up. It is not fair to expect us to give that training to nurses without the help of the Province or State. If we could have the proper preliminary course in the High Schools, under the supervision of the Boards of Education, that would settle that problem for us. It ought to be a Government expense. Until the Government realizes that this is a responsibility of theirs, we will have to stumble on alone, and it rests with this body in Ontario to make that felt. Our ideas are broadening in regard to the experience necessary for nurses. We all know of the special hospital giving a two years' or three years' course. I know a private hospital in Boston giving a two and a half years' course and then giving a diploma to its nurses. That, of course, will cease now that they have a State law.

Miss Stanley—Upon what does the Government chiefly base its opposition to registration? It must have had some basis of opposition. I should like to know what it was, because if we once found out what their opposition was against it, perhaps we would know better how to go about obtaining registration for our nurses.

Miss Goodrich—I really cannot answer that question. It based its opposition on its unwillingness to attack a new problem. I hope they will soon see that national health is a matter which must be considered and dealt with by themselves.

"The Making of an Ideal Nursing Journal," by Miss Mary A. Catton, Superintendent Lady Stanley Institute, Ottawa. Read by Miss Matheson.

THE MAKING OF AN IDEAL NURSING JOURNAL.

Some attention has recently been directed toward what may be considered the development of the ideal in nursing journalism, and as a consequence of that attention my humble pen has endeavored to express an opinion under the pressure of most kindly solicitation.

It has been said that "The nearer a writer is to an event the more authority he has as a witness, but the less authority as a judge." Alas! my position in this particular can claim neither the authority as a witness nor that of a judge, but merely own to an opinion based on impressions—as the production of an artist must depend upon the enchantment which distance lends to his view.

The development of an ideal journal devoted exclusively to nursing affairs, where the growth is young and the area limited, is undoubtedly an effort of which the result may be considered problematical, and one of which the viewpoint in the perspective may easily be lost sight of, mainly because of the fact that its material must be derived from women, whose lives are overflowing with interests and duties, and who though willing and interested may be unable to put into expression their experiences, because of their very close application to the manual and practical side of life, and correspondingly less to the mental faculty of expression. Then, too, nurses as a rule develop a high nervous tension, which is apt to lead them into a flame of enthusiasm which may be short lived and soon decline into dimness.

How to avoid this result, and bridge over the weak link, is a point on which the governing factors must work. They must needs plan their work centres, so that by careful and systematic assortment certain areas may not be overworked and others allowed to deteriorate by lack of attention. Needless to say that all work must be in harmony with the ideal standard in view. Where there is talent, disposition, material and diligence, the standard vitality of the journal must be assured. That an ideal journal may be realized depends absolutely upon the united efforts of all forces. The journal office should be the central reservoir; to it should be directed the currents of every day events, which must meet in a common focus to the nourishing and sustaining of the journal's best faculties—that from it in turn may radiate assistance and replenishment to the outermost limit of its circulation. By the interchange of ideas and experiences in the cycle of its gradual development it must ultimately reach the limit of its capacity, and that capacity represents the coveted aim; however, its strength must be in keeping with the area of the field which it represents and the quality and variety of the production of that field. If its assimilation is poor it must needs follow that its energy will be lessened accordingly, and in proportion to its quality and selection of material will depend its strength and endurance. In this, as in all other spheres of life, humanity develops to a higher plane of sympathetic perception, which may be greater, or less, according to the degree of innate receptivity possessed by each individual. That each may extract according to his or her desire or need there must first be established a system of reciprocity which must be governed by strong and extensive lines, which in their reaching from centre to periphery and vice versa maintain unslackened tension of the working order of the combined forces.

Carlyle compares the work of this world to an immense hand barrow with innumerable handles, of which there is one for every human being. "but," he says, "there are some who are so lazy that they do not only let go their handle but jump upon the barrow." In this sphere of nursing which concerns us directly there may likewise be some who not only place their own weight upon the barrow but add thereto the weight of a few well-concealed pebbles.

In the forming of the cycle we find that one division must add strength to the other, and where one is weak the other in its strength must provide; as the hub to the spoke, and the spoke to the tire, sufficient to a complete wheel, the strength thereof being in proportion to the quality of the material and the care in detail of its construction.

The editor-in-chief, the editorial body, the training schools, and the great body of private duty nurses, are forces which should be equal to accomplishing the desired aim.

It has been said that the locomotive was not the result of any one man's effort, but the work of a generation of engineers.

The production of an ideal journal need not be expected in a day—development may be slow, but where the governing forces work in continuity and harmony there must be progress.

This present era of nursing work should be productive of much good material. Stimulus is needed and must be administered systematically and periodically by judicious methods.

Valuable material may be derived from young nurses in training, as well as those of broader experience. There could be no more certain course pursued to the fostering of interest in the journal than by this method of weaving the personal experiences of the younger generation of nurses into its pages.

That a journal should not be maintained for commercial and speculative purposes only need not be questioned. Such inclination has been noted in some particular cases, but a technical journal of any kind is intended for a definite purpose, and its object should be paramount throughout the course of its existence; if not, then it may be assumed that its endurance is doubtful. The very factors which control its development and have a personal interest in its success are those on whom it also depends for revenue from its subscriptions. Were the management of a journal at fault in utilizing its pages for other purposes than that for which it was originally intended—namely, technical information—then its subscriptions must ultimately decline, and gradually its identity becomes lost. If, however, on the other hand, interest is sufficiently broad and strong, and the editor and governing board of sufficient enterprise to succeed in developing interest on all sides, then its success, financially and otherwise, need not be doubted.

The character of the ideal journal must be based on four cardinal principles. It must be: (1) Interesting; (2) instructive; (3) progressive; (4) clean. To be interesting it must be stimulating in style, character and classification of its material. It must avoid monotony and insipidity. Its information must be in sufficient variety to appeal to its various readers. Its editorials must be broad, sane and diplomatic in being totally non-partisan. It must stimulate expression in its readers sufficient to call forth a response. Its pages should be representative of all departments in the nursing world and should focus attention upon all those who by individual or collective efforts have rendered service to the profession. Its style should be unique and its pages well illustrated. Above all, it must be magnetic.

To be instructive it must deal clearly and broadly with the various phases of nursing work, its articles must be practical rather than theoretical. It must stimulate co-operation and arouse professional interest in all matters pertaining to the education and status of nurses. Its pages should not deal merely with the latest developments in medical research, nursing methods and hospital treatment, etc., but should contain a little well selected philosophy, points on hospital and private nursing ethics, business enterprise and investment for nurses, points on hospital government, finances, administration and statistics on maintenance, training school methods in their various applications, board of health laws governing quarantine, coroners' inquests, etc.,

fire insurance laws covering hospital equipment, fire-escapes, etc., textbook reviews by a question and answer column, which must be of material interest in the instruction it would afford to private duty nurses, especially those who are constantly isolated from their textbooks.

Then, to be progressive, a journal must keep in touch with and recognize impartially the latest developments in nursing both at home and abroad. The spirit of jealousy must be avoided if progress must not be retarded. Rivalry is a good element, for by opposing forces character is developed and standards attained. Systematic and periodic cleaning out must be resorted to just as a house must receive its semi-annual "house-cleaning," in order that its atmosphere may be in harmony with the order and style of its furnishings. It must bring together forces of sufficient activity to offset indifference and stagnation. It must keep in touch with all organization and training school events. It must endeavor throughout to attain a standard of which it may be proud—not only in a comparative sense but in the amount of diligent effort exercised in its attainment. The journal should in itself embody unlimited resources for the development and education of those who read its pages —in other words, the ideal journal should in its scope and means be conducive to raising the would-be progressive woman from a lower stratum of knowledge to a higher plane.

To be clean, a journal must keep out of its pages articles dealing with the moral and professional shortcomings of nurses and physicians, articles dealing with prophylactic measures necessary in certain specific diseases, articles dealing with the pros and cons of certain duties in the nursing care of male patients. All advertisements occupying space on its pages must be bona fide and in keeping with the character of the journal. The paper, the type and the cover of the journal must be carefully selected, in good style as to color and neatness, neither elaborate nor cheap, but in keeping with its standard and class.

Undoubtedly the best business basis on which to establish a technical journal is that wherein it is controlled entirely by a large representative body, such as a national associated alumnae, which in its breadth and strength may be equal to sustaining its financial requirements, a matter of no small consideration when we realize that the publication of an ordinary journal involves the annual expenditure of at least three or four thousand dollars. Each member of the alumnae must have a personal interest in its success without any possibility of invading commercialism. By the alumnae body the journal must be owned, managed and edited.

The preliminary steps for such a project must first take deliberate and definite form. The publishing house must be selected and consulted, with a view to obtaining data from which to formulate the scheme. The prospective list of subscriptions and financial backing must be assured. The area of the field, the estimated profit and loss, the estimated enterprise of those concerned, and the loyal support of all must be considered. When the plans have been formulated and support assured, officers elected and the company incorporated, then may follow the election of the editor-in-chief, who individually may be considered the most important agent of the scheme, for upon her business ability and ingenuity depends much of the success or failure of the journal. In the selection of the editor the following attributes are essential: physical and mental vigor, business ability, broad experience, broad educational advantages, good judgment, resourcefulness, a magnetic personality and literary ability. Last but not least the editor must be a nurse in order that professional harmony may be maintained by the balance wheel of sympathetic understanding and discrimination. Besides the editor-in-chief there may be an assistant editor, a president, secretary and treasurer, elected annually from among the board of directors. A number of collaborators, who

may co-operate with the editor in such matters as the re-arrangement of the journal pages and the settlement of questions which arouse journal interest. Each collaborator may also represent a certain department of the journal body and be responsible for its material. That the entire shares be owned by one body is most certainly the better plan. There can then be no divided interests, but instead combined harmony. The journal must be prompt in its issues and likewise prompt in its renewal of subscriptions. The timely renewal blank is a good reminder. Its subscription list must continue to increase, and this may be assisted by a number of schemes; vigilance in announcing new arrivals in the field, and the polite issue of a pencilled copy of such journal to the new arrival. Complimentary copies of the journal containing the announcement of graduation exercises to members of graduated class. A journal subscription committee may be formed from the members of each alumnae. A twofold object may be accomplished by the journal in utilizing incapacitated nurses as agents for soliciting subscriptions.

Advertisements should decorate the outer pages only, their intermixture with nursing affairs is suggestive of the thistle field, where, in proportion to the growth of thistles, is a corresponding deficiency in the quality of grain. The editorial columns are taken as the true expression of the journal's worth, and should therefore be first of all its pages to greet the reader. The various departments of the nursing world represented on its pages must be defined clearly and in good style. A miscellaneous business page may be suggested for the purpose of instructing nurses in the technicalities of ordinary business proceedings. The ideal journal should be emblematic of the clover field, wherein, it is said, that if the ass once feeds it cares no longer to feed upon thistles. Perhaps there exists no other sphere in which women are so closely and harmoniously united as in this field of nursing—the body promises to be strong and beautiful in its development, its growth is rapid, its vitality enduring, its maturity promising and its aim the flower of noble deeds.

In discussion, I would advocate the improvement of the Canadian Journal by a complete reorganization of its plans. A national association in a field like Canada should be capable of producing a journal of adequate quality to compete with any journal in the field to-day. By such management each member of the association by paying a certain annual fee would be also a subscriber to the journal. Every individual member would then be a member, subscriber, agent and contributor of the journal.

MARY A. CATTON,
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TUBERCULOSIS: OUR ATTITUDE TOWARDS ITS PREVENTION AND CURE.

This paper discusses the following questions:—

1. Are we unreasonably afraid of tuberculosis?
2. Do we believe tuberculosis is preventable?
3. Do we believe tuberculosis is curable or non-curable?
4. Do we believe tuberculosis is contracted, not inherited?
5. Do we sufficiently appreciate the nurse's opportunities in securing early diagnosis?
6. Do we understand the general treatment of tuberculosis?
7. Do we understand the prognosis of tuberculosis?
8. Do we understand tuberculosis sufficiently to teach our pupils correctly?

Madam President, Superintendents and friends, we are about to discuss a subject that is world-wide in its immensity. Can we possibly understand

what it means to us, as nurses, who must care for, prevent, and assist in the cure of this all too prevalent disease.

Tuberculosis: our attitude toward its prevention and cure. Many volumes have been written on tuberculosis and also textbooks compiled and yet how very little is generally known of its prevention and cure. When we once realize that 92 per cent. of all adults are, perhaps unconsciously, harboring these bacilli, and fully 50 per cent. of these are already actively affected, then surely we will pause and do our very utmost to stop this contagion as well as hinder this condition in the next generation who depend so entirely on our doctors and nurses and our attitude towards tuberculosis in all its forms.

Are we unreasonably afraid of tuberculosis?

Aren't we? If such a large percentage of adults are affected with this trouble, it would seem reasonable to suspect almost all our patients of being tubercular. How often have we seen a nurse go to a case of pneumonia, of pleurisy, of Bright's disease or even a confinement case, all of which may be tubercular, with these adidtonal troubles, or some member of the family may be tubercular. The nurse does not recognize the tubercular infection and so is quite contented with the case but, should a doctor come who does recognize the symptoms, and diagnoses the tuberculosis, she will want to leave at once. A case of "Where ignorance is bliss—" As soon as we get our trained nurses to realize that when the proper care is taken of sputum and all other excreta, tuberculosis is as safely nursed as typhoid, this unreasonable fear will disappear, while the proper disposal of these infectious materials will be one of the greatest means for the prevention of new cases.

How can we teach our patients the necessary precautions when even our nurses, entering their homes, are in such manifest terror, not so much of the disease itself as of its preventive, the sputum-flask. The patient to be afraid of is the one who has the trouble and does not know it, or, knowing it, does not use the necessary precautions.

Are our nurses entirely to blame in this matter? Should not we, as Superintendents recognize this attitude of our nurses as the result of our training or lack of training? We instruct them in the care of all other infectious diseases, why not in this, the most prevalent of all contagious diseases.

Surely our responsibilities along this line are very, very great.

Do we believe tuberculosis is preventable?

Yes, of course we do, if all the bacteria could be, at once, destroyed, but, as that happy event is still far in the future, my question is, do we believe tuberculosis is preventable now. It is a well recognized fact that, although such a great percentage of adults are tubercular, the germs can be readily cared for by the system except in times of physical debility. Then it is that the disease becomes active. We do not allow diphtheria, typhoid fever, etc., to take their own course with subsequent consequences. No. Great care is taken to prevent complications if possible. We know what sequellae to expect, hence our watchfulness and our ability to successfully abort or combat them when they occur. If we thoroughly understood tuberculosis as following so frequently on a breakdown and also thoroughly understood what symptoms to watch for, would not our prevention do a world of good. The proverbial ounce of prevention being worth pounds of cure.

The patient does not fully realize the importance of these steps in the prevention of this disease because the first visible symptoms are so subtle as to be often misunderstood until too late. The oft repeated words, "I'm so tired," the accelerated pulse, the irritability of the patient who should be convalescing, but so frequently is not doing any too well, are some of the symptoms often seen but not recognized.

(*Continued on page 288*)

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Conveners of Committees—Sick Visiting, Miss Brereton; Registration, Miss Bella Crosby; Programme, Miss M. E. Christie; Social and Lookout, Miss Kilgour; Press and Publication, Miss Julia Stewart; Central Registry, Miss J. W. Ferguson, Miss H. B. Fralick; Canadian Nurse Representative, Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Power, 9 Pembroke St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss Ryan, 491 Broadview Ave.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmett, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

Regular meeting, second Monday, at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

MILITIA ORDERS.

Headquarters, Ottawa, Saturday, April 15th, 1911.

Nursing Sister M. M. Watson is posted for duty to No. 2 General Hospital.

To be a Nursing Sister—Miss Mabel Margaret Watson. 6th December, 1910.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The annual meeting of the Toronto branch will be held at the Lakeside Hospital, the Island, on June 10th, at 4.30 p.m. All nurses who are interested are welcome. Please communicate with Miss Roger, 39 Wilcox Street, telephone College 1175.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE*

* The following story of the Florentine Misericordia is an abridgment from the Italian Times of January 19, 1911, sent to us from Florence by Miss Oldham. All who have read Mrs. Ewing's delightful "Brothers of Pity" will be glad to know the facts about this admirable society. Time and change have left it, in all essentials, untouched since its foundation six centuries ago. It says much for the Italian people, that they have never lost their veneration and esteem for this notable corporable work of mercy.

Among all the guilds and institutions of Florence, the one most strongly rooted in the hearts of the people is the Misericordia; its spirit of charity is as active in this twentieth century as it was in the ages of fervid faith when it sprang up. At all hours of day and night the Brothers of Mercy may be seen in the streets, carrying the sick to the hospitals, the dead to burial; and as the little black-robed procession passes by, not a man but raises his hat in reverence to the Misericordia.

(*To be continued*)

CHIEF SUPERINTENDENT'S REPORT, 1910 (Continued).

Five nurses have received the long service medals this year:—Misses Gray, Heales, Blakely, O'Connor and Pepper. Miss Gray served the order well for over three years, as nurse in charge of the Brantford district. Miss Heales filled the position of matron of the Lady Minto Hospital very ably at Melfort, Sask., for nearly three years. Miss Blakely gave excellent service for a term of more than seven years as matron of the hospital at Yorkton, Sask. Miss O'Connor gave good service on the Hamilton district for a term of over six years and Miss Pepper was staff nurse in the Copper Cliff Hospital for over seven years.

The report of this year's work of the Victorian Order would not be complete without mention being made of a new force which is affecting a number of our branches; this is Insurance Nursing. A little over a year ago the Metropolitan Life Insurance Company requested the Montreal branch of the order to give nursing care to their sick policy-holders in the industrial department. This was in accordance with the policy of this company, which had already been put into force in the larger cities of the United States. At the present time there are some eighty district nursing associations in the American cities, which are co-operating with this company in its life-saving campaign. In the Canadian cities this company has some 200,000 policy-holders. Insurance nursing is practically an extension of factory nursing. The company, realizing the fact that it is to their advantage to make and keep people well, and recognizing that the district nurse is one of the most potent of the curative and preventive factors in this century, have enlisted the interest and co-operation of the best district nursing associations, and to these, as specialists in that line, they have given full control of that department. The industrial policy-holders, who use the nurses, are the very poor and the small wage-earners. These hold policies for small amounts, and pay their premiums of a few cents weekly. The arrangement which the company makes with the nursing associations is that the associations care for their sick policy-holders, and the company reimburses the association by paying a sum equivalent to the actual expense to the association per visit.

The plan has been in effect in Montreal, Lachine and Ottawa for about a year, is just being put into force in Kingston and Halifax, and letters of

inquiry concerning the scheme have been received from Winnipeg, Hamilton, Brantford, London and St. John. The reports from Montreal, Lachine and Ottawa are that the work has been satisfactory. By actual trial they have found that their field of usefulness has been extended, the deserving poor have been reached and the educative force of the Victorian Order nurse has penetrated into parts where it was unknown before. In doing this work, these branches have let down no bars, the same high standards have been maintained, the nurses have ministered to the two classes the order was organized for, viz., the poor and the people of moderate means.

In conclusion, we would again express our sincere thanks to all the committees throughout the Dominion for their interest in the work of the whole order, for their appreciation of the nurses' services in their respective districts and for their efforts in extending the usefulness of the organization. The Victorian Order of Nurses is the national district nursing organization. The country is growing very rapidly, and the nursing profession is on the threshold of many important changes—all of which are in the line of district nursing—and as the months go by many new ideas will knock and it is the sacred duty of the committees, in whose hands rests the future of the order, to be ever ready and to make the Victorian Order the beautiful, broad, well-rounded organization it was intended to be.

To the nurses, too, we must express our appreciation of their good, loyal service. In many parts this has been a hard year for the nurses, as there has been more sickness than usual, and, at times, relief nurses could not be secured. It is our nurses who have borne the heat and burden of the day, and we thank them all most heartily. We need more and more nurses with high standards to join our ranks, and to labor with us, as our nurses have labored hitherto, in keeping the fair name of the order unsullied, so that throughout the Dominion the name "Victorian Order Nurse" may be the symbol of all that is best in the sphere of trained nursing.

All of which is respectfully submitted.

March 2nd, 1911. MARY ARD. MACKENZIE.

Editorial

We are glad to be able to give to our readers this Convention Number, following so quickly after the Convention. The many able and interesting papers and helpful discussions are still fresh in the minds of those whose great privilege it was to be present. Doubtless because of this, the perusal of this verbatim report will prove all the more interesting and beneficial.

Other departments are necessarily omitted, but these will appear later.

The verbatim report of the annual meeting of the Graduate Nurses' Association of Ontario will appear in the July number.

A report of the Triennial Meeting of the Canadian National Association of Trained Nurses, including the constitution and by-laws as adopted, will also appear and will prove of great interest to nurses everywhere in this Canada of ours. It is hoped that all associations of trained nurses in Canada will see to it that they appear on the roll of this young but very important association.

(We regret exceedingly that a verbatim report is impossible).

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORTED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly meeting of the Canadian Nurses' Association was held on Monday, May 1st, in their room, 611, the Lindsay Building. Only two candidates' names came up for membership.

The last lecture of the season was held in the Medico Chirurgical Rooms. 175 Mansfield Street. A great many nurses attended, as the notices read "Reminiscences from Graduate Nurses," and the evening was much enjoyed by all. Miss Tedford, M.G.H., spoke on Modern Methods in Surgery. Miss Fisk told us of her first case on private duty. Some of her experiences would surely have daunted one not so courageous. Miss Colquhoun gave her experiences as a nurse in training in the M. G. H. just twenty-one years ago. Miss Trench, Superintendent of the Woman's Hospital, told how successful they had been with Caesarean Section, having had eighteen cases in the last two years, and what symptoms called for Caesarean Section. Miss Phillips spoke on the treatment for premature infants.

The Canadian Nurses' Association extend their deepest sympathy to Miss Rogers, Kingston, who has lost her brother after many months' illness. Miss Rogers was President of the Canadian Nurses' Association for seven years and did much to make the association what it is to-day.

Miss Colley, Secretary of the Canadian Nurses' Association, is nursing her brother, who is seriously ill.

Franklin Center—Miss Cora Blair is very ill, suffering from blood poisoning as the result of an infection from a case of appendicitis she was nursing.

Miss Martha Colquhoun has quite recovered from her infected finger.

Married—At Kirk-Caldy, Scotland, March 20th, Helen Patton Setterley to James Brady. Miss Setterley is a graduate of the Belleville General Hospital.

(Continued from page 281)

Many cases of so-called neurasthenia get well because the very treatment ordered, namely, outdoor life, change of location, nourishing diet, medication, etc., build up the system and the infection is successfully overcome and tuberculosis is prevented or cured before any real, physical signs of the disease could be detected, even by our specialists.

Do we believe tuberculosis is curable or non-curable?

These are weighty questions with us, for how can we help to effect a cure without faith in the ultimate result of our efforts. Hope is our great asset in fighting this dread disease. The patient has his very hopeful moments when an immediate cure is not only vaguely possible but an almost assured fact; and then he drops to a distressful period of doubting, when nothing is entirely satisfactory and the outlook is clouded. Who can estimate the wonderful effect of a hopeful nurse who, with a few words, can change this despondent patient into a fighter again. We must fight this disease. If our patient gives up then nature cannot cure him alone. It is well said, "Hope is half the battle."

If tuberculosis is to be curable, then we must be most watchful for its earliest symptoms, for we know that while many of the advanced cases are cured it is the incipient cases that are the hopeful ones. We must investigate sanatorium reports, interview, if necessary, many who have been cured, until we have firmly convinced ourselves of the curability of tuberculosis and then be most diligent in teaching our pupils who, in turn, will educate the people with whom they come in contact, for in knowledge is protection and cure, and in ignorance, danger and disease. A great difficulty in following these arrested cases is that our patients find they must never mention having had the trouble. This attitude is almost absolutely necessary, for no one will employ or associate, socially or otherwise, with anyone who has had tuberculosis or had, at present, to use a flask, disinfectants, etc.

Do we believe that tuberculosis is contracted, not inherited?

Can bacilli be inherited? Every nurse and doctor will immediately answer "No," but a weakness may be and very frequently is. Hence we must keep this generation healthy, strengthen the lungs by plenty of fresh air, proper exercise and right living, so that this tubercular diathesis will not be transmitted to the next generation. Then, and then only, can we stamp out this disease. This weakness, running through a family whose members, one after another, succumb to the trouble, is one of the strong arguments for heredity but—take one of these weak ones from an infected family and place him under favorable conditions and what do you find? Why, some of our most rugged men in history have been just such cases.

Now, having decided that tuberculosis is not inherited, surely our attitude towards its prevention becomes clearly that of destroying the contagious matter wherever found and teaching the pupil nurses under us the best known methods for so doing.

Do we sufficiently apreciate the nurse's opportunities in securing early diagnosis?

As we said before, it is the incipient cases that are the hopeful ones. It will not do to say, "Wait a while and they will be stronger and then this slight cough, etc., will disappear." Some one must suggest that proper advice be sought and followed, and who can do this better than the nurse, fully trained in the prevention and cure of tuberculosis. She can, here, use all her tact to bring about the very best results to all, for the circumstances, the temperament of the individual and many other things must be taken into consideration in order to bring about the best results. Many of these cases could be treated at home if the people could be brought to realize what a vast difference immediate attention would mean.

The history of our advanced tubercular cases usually reveals the fact that neither the patient, himself, his friends, nor even their family physician (when visited) ever thought the tubercular bacilli might be causing the loss of weight, the listless, depressed feeling and so on, because the depression is forgotten when the next day or so the patient is very hopeful and ready for almost anything. But the nurse, staying in the home, with other sick ones, day after day, her eyes fully open to these things, remembers, and, grouping all the little things together, for they are only little things, is able to say just the right word that places the ailing one on the real road to recovery.

Do we understand the general treatment of tuberculosis?

Of course the details are many and varied according to the different ideas of our medical specialists, and as we prepare catgut this way for one surgeon and that way for another, so we must learn these minor details from each and every physician in charge. But the general treatment is accepted and carried out by all, namely, aero-therapy or outdoor life, proper rest, proper exercise, the most nutritious of diets, the effort to suppress all unnecessary coughing, pleasing and helpful surroundings, the permanent and constant destruction of all sputum or infectious material, the eternal vigilance in the matter of small things and the strict adherence to all the laws of health. Not for weeks or months alone are these things necessary, but for life.

Do we, as nurses, understand the prognosis of tuberculosis?

Too often do we hear nurses express themselves as very doubtful of any prognosis being correct which speaks of arrest or cure. "Are you sure it was tuberculosis?" is asked when cure after cure is cited and even when told that tubercle bacilli are abundant they still present doubtful faces, though they may become silent. This is not to be wondered at, seeing that Hippocrates said that all consumptives die. The world has kept on saying the same ever since and our nurses simply follow. If the frequency of tuberculosis is once grasped the more hopeful prognosis is bound to follow. It is quite certain that no correct prognosis can be made from physical appearance alone, for how often have we seen the weak, emaciated one improve by leaps and bounds under the new régime of living, while many, apparently healthy, will succumb to the disease rapidly.

Dr. Lawrence F. Flick in his book, written for the general public, entitled "Consumption, a Curable and Preventable Disease," says, "In the incipient stage practically all cases can be cured, the majority even without leaving home or giving up employment. Relatively few, however, are discovered early enough for this. In more advanced stages, the majority may be cured if proper conditions for treatment can be established and be maintained for a long enough period of time. How far the disease must be advanced before it becomes hopeless cannot be definitely determined at the present time. In a general way, loss of body-weight gives a fair guide by which to gauge the chances of recovery. Loss of one-third of the body-weight is very near the point where all chances of recovery end."

Now, what about the question of most importance to each Superintendent of nurses, do we understand tuberculosis sufficiently to teach our pupils correctly?

If we do, well and good, but, if not, our first duty is to inform ourselves at once regarding these things. Until very recently tuberculosis has been regarded as hereditary, incurable and a plague. How differently must we regard it now and how much greater our responsibilities concerning it! When

fully alive to the prevalence of tuberculosis, its possibility of prevention, its probability of cure or arrest, our duty becomes quite clearly that of imparting this knowledge to our pupils. When we, as teachers of nurses, have done our part in this matter, what an army of trained anti-tuberculosis workers we will send into the country.

Summing up, the incipient cases are not sick enough to consult a doctor or, if they do, the doctor does not give the thorough examination necessary to discover the slight infection. A tonic is given and several weeks or even months are lost waiting for improvement. Finally, after repeated visits to the doctor, the case is advised to see a specialist, or the doctor himself makes a thorough examination and finds what was before overlooked. Of course, seeing that it has just been detected, it must be an incipient case and the patient is hurried off to some health resort, but when the patient reports at the sanatorium the doctor there finds that it is too late to even arrest the trouble, to say nothing of curing it.

Now if we do our part in giving instruction to our pupil nurses, they will go into the homes where the early cases are, and certain symptoms will be readily noticed by them and here comes their opportunity, as nowhere else, to prevent and cure tuberculosis. The patient will listen very kindly to a nurse's suggestion that such and such things should not be let go untreated. In this way the case is much more likely to be under treatment early and the other members of the household and their associates be protected.

Our nurses have nothing to lose and the patient has much to gain if tuberculosis is discovered as a result of her advice to the ailing one to consult a doctor. A nurse has such splendid opportunities for sowing good seed, but of course she must first be supplied with the seed, and this she must get while in our training schools. Many things can be taken up later in post-graduate courses, but tuberculosis should be a part of each pupil's training, if statistics are correct, and here I quote from Kleb's Tuberculosis, facts obtained from autopsies made by various noted doctors, place the very lowest estimate of tuberculosis findings at 66 per cent. and the highest at 92 per cent. Kleb sums up with these words, "Translated into plain language, this would denote that all adults harbor in their bodies evidences of tuberculosis infection." Nagel and Burkhardt believe that only 50 per cent. of all persons become infected, although they say 92 per cent. have the germs present at autopsies.

If this means anything at all to us it must impress us with the fact that all nurses are constantly in contact with tubercular patients, hence the great need for knowledge on their part. Ignorance will not protect them nor help their patients, while intelligent work may fortify them and cure the ailing one.

Inasmuch as we diminish tuberculosis among the masses, we will diminish suffering, misery and social discontent; and when the problem of tuberculosis will have been solved, this disease, so graphically described as "The Great White Plague" forever eradicated, then will we be nearer the millenium than we have ever been before, and peace, health and happiness will be our lot on earth.

Submitted this 24th day of May, 1911.

(Mrs.) E. G. FOURNIER, R.N.,

Gravenhurst.

THE CHILD IN THE HOSPITAL.

Throughout the world to-day a new, fresh interest is being taken in the child. He is being studied from all sides of his nature, and in the study we are convinced that one particular side of his nature cannot be affected without a corresponding effect to all other sides.

Men and women are realizing that the child has a right to a place of his own in the world; to surroundings that have some relation to his size, his desires and his capabilities. Assuredly this is the children's age, the pendulum of the world's thought has swung far in their direction.

Love and science are co-operating to study them wisely, to bring about a better understanding of their true nature, to show their real value in the world and to remedy many evils from which the child has unjustly suffered, aiming to give him a fair chance to make the best of all sides of his nature. In fact a new science has been created, that of Paidology or child study, to which men and women of thought are giving much attention. Once a child is born, one of his inalienable rights, we say, is the right to his childhood, but we know too well how often this has been denied him.

The hope of the nation is in the child, and if we are to have a healthy manhood and womanhood, physically, morally, mentally, we must needs begin with the betterment of the little child. Witness the labor bestowed upon and the interest taken in the Child Welfare Exhibit held in New York the early part of this year. So varied were the topics discussed that the people's attention was held for four weeks, and all in the interest of the child. It was evidence of years of painstaking research by hundreds of the best thinkers, investigators and social workers into the conditions that affect the child for good or evil, and its aim to devise means to overcome wrong methods that have been used and bring about better conditions for their training and development. Among other topics discussed, that of the child's health and how to maintain it was of foremost interest. Exhibits were given showing something of the work now being done in institutions whose aim is to help and heal those who have lost this birthright of health. It makes one sad to think that year after year these institutions seem more and more of a necessity, that there are more children needing help than our growing institutions have room for; yet there is the bright side in seeing the friends of these suffering ones giving of their means and thoughts to make the work more nearly perfect in every way. Formerly these little ones were cared for in the wards of the general hospitals to the detriment of the child and the annoyance and discomfort of the adult patient. Those interested saw that children required special treatment, the study of children's diseases a special study, the training of children's nurses a study and training all its own.

The training of those who care for the sick child differs in many respects from that given in adult hospitals. We feel that in the nursing of children we are undertaking one of the most delicate and difficult of tasks and that to do the work successfully we must have special adaptability with the best of equipment.

All nurses are not suited to be nurses of children. Great patience, tact and ingenuity are required, and above all a real love for children. Some have the idea that the nursing of children is but a small part of nursing in general and a light, easy task, but it is a life study in itself, calling for special ability and adaptability, for women of the best type. The work needs the mothering instinct. At the same time it develops and increases this same motherly spirit, a spirit that has been blunted in many ways in this age, and of which we cannot have too much.

The more we know of the child in his many sided nature the more intelligently we will care for him. We should demand more and more in our nurses, a broader intelligence. In our children's hospitals we care for all ages and

sizes from the tiny infant, sometimes but a few days old, to the boy and girl of 14 and 15 years, many of them as keen and bright of mind as the healthy child of the same age. No institution that exists can take the place of the home to a child, but for the time being we are the guardians of these little ones, and one of the problems that confront us is how to make the most of the child while he is under our care, for there is one fact that we must ever remember, we cannot separate the child's physical from his mental nature; they act and react one upon the other, and in all we do for the child we leave an impress that affects him mentally and morally.

Mothers know how great care a baby in health demands, and of necessity the sick baby has need of much more, the danger from his removal from his natural environment increasing that need. The baby must be kept clean, he must be properly fed (which is no easy task), he must have all the fresh air and sunlight that is possible, and he must be kept happy. All babies grow by making good use of their muscles and they can use them as no adult can. It seems to me that one of the needs of the baby is freedom to roll and kick as much as his particular trouble will allow. Kicking cribs are, we might say, a baby's right. We all know that diseases of the gastro-intestinal tract and broncho-pneumonia are seen most frequently in the child before the age of two years. That empyema follows so often as a complication of pneumonia and that the danger from most infectious fevers are in the complications that so often follow.

Here it is that a nurse receives a training in close observation, detecting any slight changes, learning to describe accurately all the various symptoms that may arise, particularly in keeping strict watch on the stools of feeding babies, as any change from the normal in these means so much in his treatment.

Ruskin says that "One hundred can talk where one can think and that one thousand can think where one can see." Surely there is an opportunity to develop this rare quality upon which so much depends in a nurse's work.

Among all the departments of work in a children's hospital few are as trying or as discouraging as the nursing of our medical babies. This is where we see the cases that make the heart ache, at the almost hopeless struggle to maintain life in the tired, listless bodies. At all times of the year, but particularly during the summer months, they tax the skill of the physician and the close watching of the nurse. As their chance of recovery depends so much upon the feeding, and each baby must be fed to suit his own special need, this feature of the work demands accuracy in every detail. The preparation of the different feedings is a study in itself, and there are few places outside a children's hospital where this study can be made to better advantage.

A large number of our children come under the heading of Orthopedic patients, who demand special handling. The care of such requires a training that can be had only where all necessary appliances are at hand. To understand the uses for the different appliances, to see the necessity for the least possible, and gentlest handling, remembering that these patients are very sensitive to touch, needs long and painstaking study. These children form a class by themselves; they remain as a rule a long time in the hospital. This child's deformity hinders him for any great activity; his exercises must of necessity be limited. He has special need of sunlight and fresh air, and yet he is denied this for so long and deprived of so much that most children of his age are enjoying. Is there any way in which we can make up to him a little part of some of the brightness of life he is missing?

As a rule these children are unusually bright mentally and of cheery, happy dispositions. These, with the convalescent surgical patients, require our thought to devise means for giving them light and intelligent amusement to help fill the long hours of the day. It seems to me they need some one to

direct them in their play and make at the same time their play hours educational. The kindergarten has been called the paradise of the children and adapts itself readily to all sizes and conditions. The plays can be of the gentlest and yet of great interest.

Those who have made a study of Froebel's methods tell us that there are few ways of developing a child mentally, morally and spiritually as successful as the kindergarten methods, and all carried out is such gentle, happy ways. The kindergarten plays take the child where he loves to be, into the world of the make-believe. He is given a mental stimulus by the symbolic games and songs, which react in healthful physical effects. The words of their songs and games suggest thought to the child; the thought suggests gesture, and the gestures help in producing happy feelings. The busy child is always the happiest. With a well-trained, large-hearted kindergarten worker to direct these plays with our children I feel that wonderful results would be secured, even in a physical line.

Froebel's playthings are as significant as his games. His gifts and occupations meet a child's material wants. It is said, "that what we make children love and desire is more important than what we make them learn," and that the children who have no toys never form ideals. His desire to touch and handle is gratified. He is given something to do; his curiosity is kept alive; his busy hands develop a busy brain. All this helps to keep him happy, and we know the moral effect of happiness.

Usually a kindergartner is a good story-teller, and as such is a queen among little children, and many an hour can be pleasantly spent and profitably, too, in listening to a well-told story.

Could not the nurses share in this work, in turn making it a part of their study, a training which would be put to good use in the nursing of the little private patient at home later. More nurses fail, it is said, in the effort to amuse and keep the convalescent child happy than in any other way. And all knowledge is valuable.

Much is being done among the convalescent children in free out-of-door life during the summer months. Here great scope could be given in directing their attention to the various forms of life to be seen everywhere. Accurate observation could be developed and nature has many lessons for the child.

I fancy our mischief-loving boy would be harder to find if his brain and hands could be kept busy by some helpful occupation.

Mr. Henry G. Parsons, of New York, has been demonstrating the possibilities for health in making use of children's gardens. It is no longer a theory, it is said, but has been fully proven that great results follow this method of not only giving pleasure to the children but educating them at the same time. Small tiny plots of ground or roof garden are given each child to cultivate and watch. They learn a little of nature's ways and no doubt grow curious to know more. They are taught almost imperceptibly to observe and above all they grow happier and therefore stronger in God's great out-of-doors.

The same principle is at work in all these efforts, to improve the child by giving him something to do and somebody to work with him, for truly there is "magic" in working together with someone.

Sydney Smith says, "If you make a child happy now you make him happy twenty years hence by the memory of it."

All workers with children have this opportunity and children do not easily forget their real friends. So to all who labor to better the child in any way there is a reflex benefit. To the nurse who gives her heart and mind to her special work comes the gain of a larger, more womanly nature, broader character, greater knowledge of the child's nature, and a happiness that comes only of making others happy.

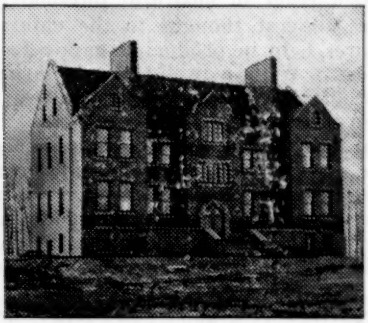
JEAN L. EDGAR, Hospital for Sick Children, Toronto.

The last two papers to be discussed at next meeting, Thursday morning. Meeting adjourned.

8 P.M.

A union meeting of the Canadian Hospital Association, the Canadian Society of Superintendents of Training Schools for Nurses, the Graduate Nurses' Association of Ontario, held in the Carnegie Library, on Wednesday, May 24th.

Mr. A. Monro Grier, K.C., President of Hospital Board, occupied the chair.



THE GENERAL HOSPITAL, NIAGARA FALLS, ONTARIO

ADDRESS OF MAYOR DORIS.

Mr. Chairman, Ladies and Gentlemen:—

It affords me very great pleasure indeed to have the privilege of saying a few words in the way of welcome to the Canadian Society of Superintendents of Training Schools for Nurses, the Graduate Nurses' Association of Ontario, and the "Canadian Hospital Association" on the occasion of their Annual Convention.

I was delighted last year to receive from your secretary the announcement that the Association had been kind enough to accept our invitation to convene in Niagara Falls in 1911.

While other cities may surpass us in extent and population, no city can surpass us in scenic beauty and grandeur. "There is only one Niagara." Our mighty cataract and river, our magnificent parks and boulevard, our wonderful power houses and historic battle grounds thrill one with awe, admiration, wonder and patriotism, and it is with great pleasure I welcome you on behalf of the good citizens of Niagara Falls.

Of conventions we have many, yet I believe this is the first time our city has been honored with a gathering of this kind, and for this reason and for the high esteem in which the members of your Profession are held by the public in our city and vicinity, and for the noble work in which you are engaged, we give you more than hearty greeting.

Some five years ago when a number of public-minded and philanthropic citizens suggested the erection of a hospital, they were met with the usual objections incident to an undertaking of this kind, but with the scheme fairly launched all seemed to vie with one another in their efforts to further the good work, and to-day we have one of the most complete, up-to-date little hospitals in the Province. It has proved to be such a source of benefit and blessing that we often wonder how we did so long without it.

While all join in saying nice things about the hospital, words seem to fail when attempting to express the regard and esteem in which we hold our nurses.

And what we say of our nurses, we say of all members of the profession, and just here wish to pay a tribute to the self-sacrificing, self-denying and noble work of alleviating human suffering.

It is not my purpose, Mr. Chairman, to speak at any length to-night, but will close with the wish that this convention may be eminently successful and pleasant, a source of inspiration and help to the visiting delegates, and a pleasant social gathering, and that you leave us carrying with you pleasant recollections of our fair city.

Address by Mr. Evans Fraser, M.P.

"Mr. Chairman, Nurses and Gentlemen,—I have been asked to say a few words of welcome to the nurses assembled here to-night. Now, if I do not equip myself properly, some of the listeners of Niagara Falls will find some fault with me, because the citizens of Niagara Falls are supposed to welcome every convention that comes here.

"We like to see conventions, and more especially nurses' conventions, in this city. I am going to say a few words of my own experience with hospitals. As a boy, any man who sent his wife, or his child, or a wife who sent her husband to a hospital, was looked upon as a child who sent his mother or father to the poorhouse. Hospitals were looked upon with a great deal of suspicion, and for fear that you may think that was a great number of years ago, I say I was a boy of nine or ten years of age, and that was not more than thirty years ago at that. (Do not laugh at my gray hairs). At the present time, we find that no matter who it is, the richer the man, the more anxious he is that his family should be sent to the hospital in times of illness, because they get better treatment at the hospital than it is possible to give them in the house.

"The only difficulty we find in the hospital to-day is that it is so hard to take care of the number of people who want to go to the hospital. The first hospital in this section of the country was at St. Catharines, the Marine Hospital. I think it was endowed by men who did not know what to do with their sailors going through the canal. I honestly think the nurses have made more improvement in their profession than any other profession. Nurses have become so important in this country that I do not know what we should do without them.

"I am pleased to see you here, and I am sorry to see that we have these flying machines, because I know it is adding greatly to your labour.

"I think, in a few more years, that the nurses will have a place away far ahead of the doctors. I think the nurses will send for the doctor, instead of the doctors sending for the nurses. Mr. Chairman, ladies and gentlemen, I know that every one of the nurses present has had patients more eloquent than I am, but I hope that when these automobiles come to-morrow that you will enjoy yourselves, as I know those who drive the machines want you to."

SOCIAL SERVICE.

Prof. S. J. Chapman explains the topic of this paper as "all kinds of work done by people with the specific intention of making the world better and happier." In this present day, there are many social problems that are occupying the minds of thinking people. Many of these we, as nurses, can only touch upon, yet in our own profession we have opening before us the splendid opportunities of hospital social work, visiting nurses, juvenile protective work, and the work of the nurse in the social settlement. Until recently, the goal of the undergraduate nurse has been hospital or private work. However, with the general awakening of the social conscience, there has come to the nursing profession a greater desire of service amid the less fortunate of our cities' people, and where formerly the path of philanthropy

was blazed by a few self-sacrificing women, spending their talents in district nursing, there are to-day many who are using their abilities in scientific and organized effort to ameliorate conditions and effect a higher social life. The nurse in social work is finding it necessary, first of all, to become the student of social conditions. With this increase in scientific knowledge and her additional social training, many of the apparently insurmountable difficulties in the social problem have been overcome, complexities simplified, and her feeling of helplessness and sense of failure has given place to a consciousness of power.

Referring to Mr. Chapman's statement, we realize that the field of social work is wide. It includes every form of energy, whether spiritual, moral, intellectual or physical, expended for the uplift of humanity. It must be the aim of every social worker to secure such conditions that every man, woman and child shall have the possibility of leading a truly human life. By this we mean the life that God intended for him, who is created in His own image and sanctified by His Holy Spirit. In his book on "'Jesus Christ and the Social Question," Mr. Peabody writes, "Never before has the world seen the mechanism of the social order adapted as it is now for the conveyance of social energy. The ample channel thus provided waits for the power of the life of the Christian social worker, and as the sufficient stream leaps forth into the various activities of the world, it sings as it flows, 'I came that they may have life and have it more abundantly.' "

It may now be well to enumerate certain branches of social service thereby suggesting to our minds the broad field of this humanitarian movement. These group themselves under the following heads:—The Conservation of Child Life, the Protection of the Factory Worker, the Protection of the Family, the Elimination of the Social Evil, Social, Educational and Religious Centres.

To conserve the life of the child, we find the following activities employed:—The Study of Infant Mortality, the Pure Milk League, the Education of Backward, Truant and Delinquent Children, the Committee on the Prevention of Tuberculosis, Open Air Schools, the Nurse in the School, the Education of Feeble-minded Children, Play and Recreation Centres, the Juvenile Court, the Juvenile Aid Association, the Child Labor Commission, Societies for the Prevention of Cruelty. To better the factory and business conditions of the youth of our city, we have the sanitary inspection of the factory and all places where labor is employed, the work of the factory nurse, the laws regulating the conditions and hours of work. As we grow more scientific we realize that much of the evil originates in the home conditions, and so, to strengthen the life of the family we employ such agencies as the Charity Organization Society, the Care of the Immigrant, the Committee on City Planning and Housing Reform, the Protection of Friendless and Weak-minded Women, the Inebriate Association, Prison Reform. The Social Evil is, perhaps, the most complex of our many problems, as well as the most heart-breaking. It is also the most recent in point of attack. Boston, New York and Chicago, on this side of the Atlantic, are pioneers of the movement, and possibly the work of the Crime Commission of Chicago, during the months just past, by its masterly investigation, as well as by its series of recommendations, has done more than all else to arouse, educate and direct the mind of society toward the remedy of this hidden blight upon the life of our cities.

The foregoing classification contains overlapping, but our aim is suggestion rather than completion. Amid the number of institutions established to accomplish the work of reconstructive philanthropy, and to do preventive work by providing Social, Educational and Religious centres, we find the Social Settlement well to the front, and in the army of workers we find that the trained nurse occupies a high place. We are glad to know that in Canada we are following the steps taken by the larger hospitals of the continent and

the United States. Until comparatively recently, on the discharge sheet of the hospital, one might read, cured, unimproved or died. Our interest centres around the unimproved, and this was the extent of the hospital's social conscience toward that particular patient until, perhaps in a few weeks, he was readmitted, in a worse condition due to the lack of proper care after first being in the hospital. As an example we take a quotation from Miss Pelton's paper on social work, published in the Survey of May, 1910, "A child was brought to the dispensary, the doctor's expert examination could locate no definite cause for his anaemic condition, every organ seemed sound. Proper food, fresh air were prescribed and he was daily taken to a park to play but he grew worse, and why? In a home of ignorance and poverty, he was spending the long nights in the same bed with his father, who was dying with tuberculosis. The doctor had not included the home in his examination, therefore could not take into account all the causes contributing to the child's condition. The foregoing is an illustration of the wasting of hospital resources, the wasting of life itself which results from snapping the connection between hospital and patient at a critical point. Not only tuberculosis and the illnesses of children, but a multitude of other diseases seen in the dispensary have their roots in social maladjustment. Patients pass rapidly through the hospital, pressed on by those waiting to enter. Doctors have their specific training and duties, and they are not trained to investigate social conditions and are too busy for such work. In order to meet the doctor's need of knowing the home conditions of any patient, that he may make a more thorough diagnosis, or that the treatment physical or social needed to cure the patient may be carried on, the hospital has added to its staff this somewhat new type of expert, the Social Welfare Nurse. Five years and a half ago, Dr. Richard Cabot, who had long felt the inadequacy of his outpatient department, employed a nurse who had some experience in social work, not to nurse his patients, as some other dispensary doctors had done, but with a wider purpose; she was to be their friend, to discover their home and personal difficulties, to teach them wholesome living, to report wrong social conditions to the doctor, to see that the prescribed treatment was carried out, in the home, and to connect the patient with whatever agency fitted his special need. The work of this nurse was not confined to Dr. Cabot's patients. Her services were offered to the whole out-patient department, the phenomenal response to this quickly resulted in a well-organized Social Service Department. Certain marked groups of patients such as those with tuberculosis, those with nervous disorders and unmarried mothers are now separated under specially trained workers. Like experiment varying somewhat in form and method quickly sprang up in other cities. In 1901, Dr. Charles Emerson, at that time on the staff of the Johns Hopkins Hospital, and a director of the Charity Organization of Baltimore, organized a group of medical students to do friendly visiting in poor families. This grew to over sixty members. At present there are in the United States thirty examples of organized hospital social service. The Social Service Bureau of Bellevue Hospital, New York, handles the largest and probably the most intense problem. In preparation for the session to be given on the subject at the National Conference of Charities and Correction last May, the Committee on Health and Sanitation sent six hundred letters to the Superintendents of the largest hospitals and dispensaries in the country, asking the extent of their interest in hospital social srvice. In almost every case they expressed themselves in sympathy with the movement. In the words of Miss Pelton, "they feel that the hospitals with their present incomplete method do not do thoroughly the work they undertake." It has been estimated that during the past few years seventeen hundred nurses, not including school nurses, have turned aside from the more lucrative private cases to take up visiting nursing among the

poor. Similarly, the work of the visiting nurse has been a development of recent years. In almost all the large cities of the United States, the Visiting Nurses' Association, while initiated by private philanthropy, has become attached to the municipal organization. She is employed especially in the children's clinics of the free dispensaries, in the special tuberculosis clinics, and in visiting nursing in the homes of the poor. In the fight against tuberculosis, it has been found necessary to concentrate on an effort outside of the hospital, while using hospital agencies. To that end we find in the United States the establishment of the Tuberculosis Institute, originally, as in the case of the visiting nurse, a private enterprise, but becoming in many cities a municipal responsibility. Here the nurse finds full scope for her sympathy, skill and energy. She must know her district, find her cases, induce them to come for examination and treatment to that department in the dispensary, co-operate with the Charity Organization Society in the matter of temporary relief, help institute the day and night camp and the open air school for tubercular children, as well as provide the way for the hospital equipment of the third-stage patient, and the convalescent home for the incipient case.

The study of delinquent children has brought about in the United States, and notably in Chicago, the establishment of the Juvenile Court, the House of Detention, and the Juvenile Protective Association. In the house of detention there is a resident trained nurse in charge, while the visiting nurses' association are frequently employed as probation officers. The work of the nurse in connection with the Juvenile Court may be one of extreme importance, in that it involves investigation of the home and family and of the physical condition of the delinquent, thereby tending to the eradication of crime.

We now come to the last topic under our consideration, namely, that of the Nurse in the Settlement. A number of years before hospital social service began, Miss Lilian Wald, a trained nurse, founded the Nurses' Settlement, in Henry Street, New York. She had come in contact wtih settlement work, had recognized its value along social and educational lines, as a means of developing a sense of civic responsibility in the immigrant and the native-born American, and she realized that it might easily and effectively become the centre from which to combat successfully disease and ignorance. In course of time, she established a milk depot and dispensary and made provision for fresh air work during the summer. The social clubs she used as a medium by which to convey a knowledge of the laws of health and sanitation. She had gathered about her a staff of sixty nurses, upwards of thirty of whom live in the settlement, devoting their time to sick and social welfare visiting, dispensary work, and, in general, the strengthening of the club organism of the settlement. The remaining thirty find appointment in some of the many settlements with which New York abounds, continuing their work in the various districts, under Miss Wald's supervision. Thus it will be seen that the settlement is the institution whose organization has initiated and developed the thought of Social Service. This by reason of its sharing the life of the community in which it finds itself and because of the elasticity of its machinery, by which it may adapt itself to the particular needs of a neighborhood, and may house within its walls practically all that makes for social welfare on the purely social, educational and religious sides. To quote from the charter of Hull House, Chicago, founded twenty years ago by Miss Jane Addams, we learn the general lines of much settlement work. It reads as follows, "to provide a centre for higher civic and social life; to institute and maintain educational and philanthropic enterprises, and to investigate and improve the conditions in the industrial district of Chicago." We would add perhaps one more clause to this charter, and in doing so we feel that twenty years' experience of social service has proved that nothing will permanently

change society save the life changed by the dynamic force of Christ. Therefore we would make it the expressed intention of the settlement, to found such activities as shall open the way for a tactful and yet aggressive Christian work.

The membership of Evangelia Settlement, Toronto, is made up for the most part of Canadian boys and girls, young men and women, together with a number of English families just beginning life in this country, some French-Canadians, a few Germans, some Russian Jews and Bulgarians. Among these one finds almost all forms of religion. To become a member, a child pays a fee of ten cents to join and one cent a week dues, while an evening member pays fifty cents to join and class fees twenty-five and fifty cents, according to the classes taken. Each club member pays also one cent a week, so meeting the club's social expenses. The day department is divided into a series of self-governing clubs, each with its own platform of work, its club song and its weekly business meeting. Club life begins at the age of four, with boys and girls, the members progressing through a series of clubs, until, at the age of fourteen, they graduate into the business world, and are thereby entitled to rank as evening members. A Mother's Club, a Cradle Club, and Public School Kindergarten are also found in the day department. Supervised play hours, with folk song and games in the winter and in the summer a playground lighted with electricity and equipped with apparatus, happily fill a portion of the time allotted to each day and evening club, while the fashion of keeping all the festive seasons at the settlement is to young and old of perennial interest. A reading room, a games' room, and a lending library offer diversion to all members. In addition to the weekly social club meeting, an educational department, equipped largely by college men and women, offers opportunities of study to those employed during the day. The industrial arts and domestic science find a place in the weekly schedule as well as physical instruction, art classes, a preparatory business course, St. John's ambulance lectures, university extension lectures, Bible classes and Sunday services. A branch of the Penny Bank helps in the practice of economy. In the efforts for pure milk, the settlement has co-operated with the Hospital for Sick Children, and has for two years maintained a daily milk depot where whole or modified milk may be obtained. Since 1908 the settlement has a summer home for its members on Lake Simcoe; here one finds, from time to time during the season, numbers of working mothers with their babies, little children or business young women. The boys and men are provided for by a camp near Bala, Muskoka.

Two years ago the nursing department was added to the list of the settlement's activities. The work consisted of a study of the neighborhood conditions, nursing, principally obstetrics, in the homes of the Mothers' Club, endeavoring to teach by practical demonstration in their homes the principals of cleanliness, order, proper ventilation, sanitation, the preparation of infant's and invalid's food, as well as arranging, where necessary, for hospital treatment. This involves frequently the readjustment of the home during the absence of the father or mother. Within the settlement, contact with the young business women has opened opportunities of extending medical aid, frequently, to cases of anaemia, nervous disorders and incipient tuberculosis, resulting usually from their work environment. The number of cases treated last year was two hundred and seventy; there were one hundred and sixty-six office dressings, and one thousand eight hundred and eighty nursing, friendly and advisory visits made. As a result of the medical inspection in schools, there being three schools in our neighborhood, and a knowledge of neighborhood conditions, we established a month ago a regular afternoon and evening dispensary. Knowing that many of the mothers go out to work during the day, we considered the advantage to them of an afternoon and evening clinic.

The distance is so great to the Hospital for Sick Children, and the number of patients so many, both there and in the other hospital clinics, that it practically meant a day for a mother in this neighborhood to obtain treatment. We hope by our dispensary to act as a go-between where hospital treatment is necessary and to relieve the congestion in some measure in other places.

I have endeavored to review for you somewhat of the history of Social Service, particularly as it affects the trained nurse. The story of this vast movement cannot fail to be interesting. Whether that interest shall crystallize into individual action must be the test of each of us. In Canada we are just awakening to the possibilities of social service. The splendid work of the Heather Club, in Toronto, is well known to all the nursing profession, as well as that of the district nurse in our cities. In conclusion, let me ask you, have you a vision of the city's need, and having a vision, will you, who can turn aside from the more lucrative channel of our calling and devote yourselves to building up in our country the vast agencies for good which we have been considering.

WINIFRED M. FORSYTH.

Evangelia Settlement, Toronto.

DISCUSSION.

Mr. Grier—I am sure we are all intensely interested in hearing this very admirable paper from Miss Forsyth.

Miss Goodrich told about the settlement work in New York. She spoke of the remarkable work done by Miss Wald. "Many of our leading philanthropists have given their time to prepare the nurses for this wider work. There is also a society in that work. I speak of this because we are always longing to hear that every university in the United States and Canada has such a department." Mr. Grier spoke of the importance in a country which proposes to do good work, that people see to it that they properly appreciate such work as is done by such a benefactor as Mr. J. Ross Robertson. "I should like to pay, if I may do so, my tribute to one who has shown attention to those who are sick and crippled, and more particularly for those who are young, the sick children."

THE TRAINING SCHOOL CURRICULUM.

Educational Aim.

The aim of education being to adjust a person "to those elements of his environment that are of concern," "and to develop, organize and train his powers," it follows that in considering any curriculum the first question is what lies behind? And the second, what is before? That is to say, how have your pupils' powers been already "developed, organized and trained" in the school-room and in the class-room of life; and what are the special features of the environment for which the pupil is to be prepared? Now the pupils entering our training schools to-day differ somewhat from those of ten or fifteen years ago—they are generally somewhat younger, have had less "home-training" (alas! that this should be the case), therefore require much guidance and supervision, but they are adaptable and learn easily. But we find a much greater difference when we consider the second question, that of the nurse's future environment.

Future Field of Work.

Formerly there were three fields of activity open to the nursing profession, hospital work, whether in the wards or on the training school staff; private nursing and district work, this term being much narrower in its significance than it is to-day. Now we find added to these, school nursing, office

work, "welfare nursing" in factory or settlement, social work in our hospitals, the work of inspecting, reporting and instructing under the direction of boards of health or charity organization societies, dietitian's work in hospitals, sanatoria and food dispensaries, and teaching in schools of nursing. Now this steadily widening field of work surely demands a widening preparation. Let us keep this point steadily in view while considering the various subjects forming the training school curriculum. It is impossible in a limited time to discuss fully the intrinsic value of each subject; some detailed consideration, however, seems necessary.

Physiology and Anatomy.

It may be questioned whether Herbert Spencer is right in saying that all education should begin with physiology—begin, that is to say, with the study of the human body—but surely there can be no doubt that this must be the foundation on which to build up the special education of a nurse. And, for my own part, I think that upon the thoroughness and completeness with which this foundation is laid depends to a very large extent the durability and scope of the fabric raised upon it.

Of course the study of physiology necessitates some study of anatomy either previous to it or concurrently. This course in anatomy should be made as practical as possible by demonstrations with charts, bones, organs, the skeleton, etc. The aim of comprehension, not lip-knowledge, steadily kept in view. Some memory work will be necessary, but much, very much, given in textbooks is well left there—only the student must know where to find it and what it means when found. I do not think that much time should be given to anatomy in a school of nursing—the study of the structure so that the function may be fully understood, that is all.

But to physiology let us give all the time and care possible that the nurse knowing what complete health of body should mean may be fitted intelligently to assist in hospital ward and sick room in the great work of restoring health and in the wider field outside these to take her part in the still greater work of preventing disease.

Psychology.

For various reasons instruction in psychology seems at present to be rarely attainable for our nurses, but this does not mean that it is not needed. Surely a nurse requires to study human nature; in other words, psychology. Every successful nurse has studied it, albeit for the most part unconsciously, and uses the knowledge she has acquired. Mind and body cannot be separated in sickness or in health and some knowledge of their interaction and of the nature and functions of the mind is invaluable for a nurse, saving often friction or failure.

Bacteriology.

As a foundation for consistent surgical cleanliness, trustworthy prevention of infection and adequate care of food, some knowledge of bacteriology is required. Let the aim in such instruction be thoroughness. Elementary work is all that is necessary but it must be given simply and made clear with good microscopic demonstrations if experimentation be impossible. I know of nothing so convincing as to the nature of dust as the result of exposure of a sterile gelatine plate; or that shows the difference between ordinary and surgical cleanliness like an experiment with a culture showing growth from contact with an ordinarily "clean" object.

Hygiene.

In these days of "pure milk" lectures, improved building laws, fresh air propaganda and government bulletins on the evils of flies, etc., surely a course in hygiene must find a place in any "self-respecting curriculum."

Massage.

A fair knowledge of the more ordinary movements and of the principles underlying them should be given in every school of nursing, but not an extensive training fitting for the professional giving of massage.

Dietetics, Materia Medica, Nursing Theory and Practice.

These subjects in some form or other are taught in all schools of nursing, and have always been taught even when "Dietetics" was given in the form of a single chapter on foods in a textbook of nursing and materia medica (therapeutics, solutions, etc.) in another chapter. The demand that nurses should have thorough instruction and practice in the preparation and serving of foods is to-day very general, but along with such practical work must go careful teaching as to the nature and function of foods, special diets in disease, etc., if patients are really to be properly fed.

With regard to teaching the theory and practice of nursing, let me only urge the constant use of practice lessons and demonstrations. As to materia medica, that bugbear to many a nurse, every effort should be made to alleviate the "dryness" of the subject by using illustrative material and by correlation with ward work.

Chemistry.

I sincerely hope that a day may come when, either at school or as special preparation for entrance to a training school, our probationers may have learned, at least, the small amount of chemistry that is absolutely necessary for any intelligent study of materia medica, dietetics or physiology. Until then we must find time for a few selected lessons in this subject.

Lectures on Medicine, Surgery, Specialist's Work, etc.

With regard to lectures given by the attending staff—once the chief method of training school instruction—let us, remembering that a lecture is the poorest method of teaching, cut down our list as far as possible, giving in class work, laboratory demonstration and bedside clinic much that was formerly given in lectures, for example, urinalysis, special teaching in obstetrics, gynaecology, symtomatology, etc. Then by a quiz on each lecture and by occasional written tests, let us endeavor to have the information given in the lectures understood and assimilated. Class-work preparation will lead to a keener and more intelligent interest in lectures.

Nursing Ethics, History, etc.

Last on my list but first in importance comes the subject of "nursing ethics"—dealing with instruction in the principles regulating the professional conduct of the nurse in relation to patients, doctors, the school staff, other nurses and the general public; also matters of professional etiquette, hospital usage and tradition are dealt with. Such a course should include a special discussion of the problems to be met with in private nursing and other possible fields of future work, and of a nurse's duties and responsibilities as a citizen. Instruction on morality and public health questions should also be given. It will be remembered that more careful teaching of this kind for "nurses in hospital" was urged in a resolution passed at the last meeting of the International Council of Nurses.

Nursing History.

Some knowledge of the history of nursing and of the development of the modern training school every nurse should have. It may be learned as "required reading" and together with the consideration of what nurses are doing to-day in other countries will be found to lead to a broader vision and a higher ideal of a nurse's work.

A Suggested Curriculum Arranged for a Large and for a Small Training School.

The arrangement as given for a large school has been used, in a slightly modified form, for several years at the Montreal General Hospital.

PRELIMINARY COURSE.

Duration—Two to three months.

Subject.	Lesson period.	Number of lessons.
Physiology and anatomy	¾ to 1 hour	30-60
Hygiene	½ to ¾ "	12-18
Chemistry	½ to ¾ "	12-18
Elementary bacteriology	½ to ¾ "	8-12
Dietetics:—		
Theory	¾ to 1 "	12-18
Demonstration	1 "	6
Practice lessons	2 "	6
Solutions (drugs, etc.)	¾ "	12-18
Nursing:—		
Ethics	¾ "	8-12
Theory	½ to ¾ "	24-36
Demonstrations	1 "	40-60

Study hours—1½ to 2 hours daily.

Practice time in demonstration room—2 to 3 hours weekly.

Off duty—1 hour each day and ½ or ¾ day off and Sunday time as other nurses.

Practical work daily in supply room, diet kitchen, lavatories, nurses' home.

JUNIOR YEAR.

Materia medica, 24 lessons (¾ hour each), 6 lessons in pharmacy.

Nursing—Demonstrations, 6-12 lessons; theory, 6-12 lessons; according to length of preliminary course.

INTERMEDIATE YEAR.

Bacteriology—Lectures, quizes, demonstrations, 12.

Urinalysis—Class and demonstration, 4-6.

Nursing—Ethics, classes, 6; demonstrations, 6.

Surgical lectures and lecture quiz, 4 and 4.

Obstetrical gynaecology—Classes or lectures, 6-8.

SENIOR (FINAL) YEAR.

Nursing ethics, etc., classes, talks and discussions, 12.

Medical lectures and lecture quiz, 4-4.

Infectious diseases—Lectures, classes and demonstrations, 6.

Special work, eye, ear, etc.—Lectures and quiz, 3-3.

The Small Training School.

PRELIMINARY WORK.

Duration, eight weeks.

Diet kitchen, supply room, linen room, care of lavatories and ward furniture, etc.

Time—Two weeks' service in each of these, in rotation for as much time as the service requires. Service in nurses' home may also be arranged.

Demonstrations in practical nursing—24 lessons of 1 hour each.

Practice time allowed while on duty, 3 hours weekly.

Nursing—Ethics, six ¾-hour lessons; theory, 18 ¾-hour lessons.

Dietetics—Practical, six 2-hour lessons; theory, six ¾-hour lessons.

PROBATION PERIOD AND JUNIOR YEAR.

Physiology and anatomy—24 1-hour lessons.

Bacteriology—Lessons and demonstrations, 8.

Materia medica—Class work, 12-24.

Hygiene—Lectures and classes, 8-16.

Nursing—Theory, ¾ hour, 8 lessons; demonstrations, 1½ hours, 8 lessons.

FINAL YEAR OR YEARS.

Nursing ethics—Classes, talks, discussions, 12.

Lectures—Medical, 4; surgical, 4; special (including infectious diseases), 6. Lecture quiz or written text on each lecture.

Nursing—Theory, 1 hour, 12; demonstrations, 1½ hours, 6.

Aware of the difficulty in arranging for teaching in our smaller schools, I offer the following suggestions:—

1. Teaching of chemistry, hygiene, bacteriology, physiology, by a professional dietitian (ask your ladies' committee to pay her).

2. Assign "required reading" and give written tests on it.

3. Give questions to be answered fully in writing from assigned authorities—pupil to give exact reference used in each answer.

In conclusion I should like to urge upon you the importance of having the nurse's point of view clearly kept in mind in the teaching of such subjects as chemistry, materia medica, anatomy, bacteriology, etc. For this reason, when possible, they should be taught by a nurse. By special selection of the matter to be studied on this basis "over-crowding" may be avoided and much irrelevant matter excluded. Failure to do this has been the cause of some of the "over-trained" criticism of which we are all so tired. In this way the nurse's time and attention can be spent only on what will really be of use to her. When I say really of use I do not mean merely from a utilitarian point of view. Much, very much is required of a nurse—much must be given not only in the way of thorough practical teaching of all that pertains to the "art of nursing" but of all that can develop the character of the woman, that can quicken her interest in her fellow beings and arouse in her a high ideal of service.

F. MADELINE SHAW, R.N.,

Graduate Montreal General Hospital Training School for Nurses,
Teachers' College Diploma.

DISCUSSION.

Miss Goodrich—I should like to speak just a moment on the curriculum in connection with what I said this afternoon about preliminary courses in technical schools or high schools. Every one of these subjects that Miss Shaw spoke of would seem to me necessary. I have struggled for eighteen years trying to give these subjects in an active hospital, and I know what that means, and I know just as necessary as it is for the nurses to take it, just as possible is it to provide it. Now, it seems to me, and I have authority for this suggestion, that these courses, anatomy, psychology, biology, ought to be placed and could be placed in the schools, that there could be nurses who could do some teaching in these courses, and that these courses should be given for every woman, whether she be a nurse or not.

Meeting adjourned.

THURSDAY, MAY 25th, 10 A.M.

Discussion, Miss Edgar's paper.

Miss Brent—Madam President, Ladies,—The paper by Miss Edgar was to me quite a revelation. I was asking her all the time through preparation if she would allow me to see her paper, and she would tell me that it was not completed. I really did not know what lines she was going to take up. Her paper was a delight to me. I consider it a remarkably good one. With regard to the child in the hospital, that is more with what I have to do than the work of child welfare outside of the hospital, although I am intensely interested in that also. Nurses in a children's hospital have almost a greater responsibility, because we have the little ones with us for such a long time that we have a great deal to do with the formation of their character. We try, in our talks to the nurses, to impress that very strongly upon their minds.

The question of whether a nurse can be properly trained in a children's hospital seems to me to be a very old and ridiculous question to ask, because I think that young women who fail as nurses fail because they have not the maternal instinct that they should have. Our patients, young or old, require to be mothered. A while ago I was getting pessimistic. We did not seem to be getting the material that we used to get. I asked a member of the Board what he thought about it. "I think, Miss Brent, it is the lack of the maternal instinct at the present day." We find it not only in the nurses, but abroad. Miss Goodrich spoke of the education of the nurses in the high schools. Nurses fail because they do not get the education in the school. Lack of maternal instinct in the training of the young people at the present day we suffer from, and possibly will continue to suffer from for some time.

Some Superintendents and some nurses maintain that two months is too long to train in the Sick Children's Hospital, and then the rest of their term in a large, general hospital. It is the other way, I think. I believe the term should be spent in the Sick Children's Hospital, and two months be allowed for training in a general hospital.

We do want that great quality of love, first for humanity, and then for our profession, and then in whatever school we train we will be women to maintain the honour and integrity of our country. In regard to the patient, what should be done for the child in the hospital? Certainly too much in the way of help cannot be given, and we can learn many, many lessons from them in the way in which they receive this treatment. I know for myself very often I feel ashamed at being so disheartened, and I just go to my babies, and work with them, and I soon begin to look at things in a different light.

Occupation is one of the principal things to keep the child happy in the hospital. There are teachers and teachers, as well as there are nurses and nurses. Occasionally we have a teacher who develops that side of the child very well. We have a teacher now from the public school who does her work every day in the school room and also in the ward. Certainly that side should be very largely dealt with and be a very complete course.

Discussion on Mrs. Fournier's paper.

Mrs. Bowman—In opening the discussion on Mrs. Fournier's paper I feel there is little I can say in addition to what she has said. We are unreasonably afraid of tuberculosis. I find in my hospital my nurses are unreasonably afraid. Two-thirds of the public are afraid.

Since the year 1882, when the bacillus tuberculosis was discovered, so much light has been thrown upon the subject; thousands of scientists have studied the life and history of the germ, and, as a result, know under what condition it lives and thrives. A few minutes' exposure to direct rays of sunlight will kill the germ; also that dark, damp and poorly ventilated places will hold the germ alive for a long period. Knowing also that it is now an accepted, absolute fact

that the one and only cause of tuberculosis is a germ, that it finds entrance to the body, lives and multiplies, to produce the disease, are we not well armed for the fight against its ravage?

Are we unreasonably afraid of tuberculosis? A recent writer on the subject puts it thus:—Two-thirds of the public are afraid on account of the prevailing ignorance, prejudice and superstition they have concerning it. The remaining one-third are about equally divided as those who know and show an apathetic indifference which is practically criminal.

The few remaining who fight for the recovery of the sufferer and the protection of the public are not unreasonably afraid, for they have almost unlimited power and knowledge, so far as research goes, to combat the disease. What is needed is to educate the public.

We know on the best medical authority what to do when we have the slightest suspicion that the bacillus has gained an entrance into a debilitated body. Give an honest trial to the best curative treatment, such as fresh air, sunshine, a generous diet of nourishing food, rest and moderate exercise.

Briefly summed up: knowing this and having the power to perform, why should we be unreasonably afraid? We believe it to be preventable, as we know it to be transmissable. The treatment is more a social question than a medical one. The doctor can make the early diagnosis and prescribe the treatment, but after that the cure rests with the patient, the nurse, and his friends. Germany, started earlier in the fight, has put more systematic effort, spent more money, than any other country, and recent statistics show that their death rate from consumption has been reduced 62 per cent. during the last few years. Sanitary laws are actively administered. Every case is reported to the M.H.O. One of the greatest aids is the early diagnosis, and every patient is taught to report his own case, as well care for, etc., wherever he is obliged to eat or drink. They say to the waiter at the café, hotel or elsewhere, "I'm a sufferer." That is sufficient. That waiter is compelled by law to sterilize by boiling all dishes used by him. Should he fail to do so a fine is imposed.

In this way the sufferer realizes that he is suffering from a malady the health officials are anxious to cure him of. Therefore there is no concealment of the existing disease, no bitter, agonizing hours, to his physical detriment, thinking himself a social outcast, as is the case here in the province of Ontario.

Yes, we believe it to be curable in its early stages, and recent research shows that even in advanced stages electro-therapy retards the disease, prolonging life for a number of years.

Scientific research has proved conclusively that it is contracted and not inherited. Research has also shown us how closely and carefully we must guard those born with an inherited tendency. Early diagnosis is one of the first essentials and should not be neglected, but here again, ignorance, diffidence and other reasons prevent the sufferer from seeing a doctor. The ignorant and indifferent say, "Oh, it is only a little cold or a cough," losing a little weight, or having a poor appetite, or a few other trifling ailments. Cases of latent onset are not so very rare, and are exceedingly dangerous.

A man may live for twenty years—probably attend the funeral of the physician who first warned him—and it is more than likely he will attend the funeral of members of his own family, little thinking he was directly responsible for their deaths. If we teach our pupils conscientiously all we know regarding the etiology, prophylatic treatment and hygiene, I believe we can do a great deal for them.

I do not think the usual class notes on tuberculosis are sufficient. During the past year I had a special course of lectures given my pupils by the M.H.O. I had also all my nurses attend the lectures given during the Provincial Tuberculosis Exhibit. We had besides this a very profitable address given under the

auspices of the Graduate Nurses' Association and Alumnae Nurses and Undergraduates by a gentleman who spent a number of years studying the conditions at home and abroad.

Summing up in a few words:—When we know that Canada contributes 12,000 lives every year to the death roll from consumption, or one death every hour of the day and one every half hour during the night, can we fold our hands and sit quietly by? No! We must live up to the things we can understand, and if we do we will be kept so busy using the hard earned knowledge of those who have proved conclusively that the disease is preventable and curable, that we will not have time to worry as to whether we are on the right road or not. We should be brimful of the therapeutics of faith.

MRS. H. M. F. BOWMAN.

Berlin, Ontario.

Miss Stanley—In Mrs. Fournier's paper there is an indication that graduate nurses are afraid of tuberculosis, that nurses in general are afraid of tuberculosis, and from her paper and from the paper just read I think the impression would lie with the convention that they are so afraid of it that it interferes with their duty. Now, I want to speak for the graduate nurse, pupil nurse and women. I have never in my experience of seventeen years asked a nurse to perform a duty that she did not gladly perform. Two years ago in London the Association of the city appealed to the Victoria Hospital, asking them if they could do anything to alleviate the suffering then in the city among the poor in reference to tuberculosis. We appointed an outdoor department and the money was given for that department for definite purpose, and we thought we must rise to the occasion. I merely mentioned the fact to the pupil nurses. They were to be sent to the homes of the poor whenever they were called. I had no one who did not gladly go when called.

When the Alexandra at Byron was left in such a sad state, and I called Graduates, no one demurred, although it was very difficult for them. Then they asked me to recommend a Superintendent. They said that they could get no one suitable for the position. I asked them what they would pay a Superintendent. They told me the salary which they offered. I said, "Double your salary and you will get the woman." They doubled their salary at once and they secured Miss Nicholson, who very soon undertook the work. They again appealed to Victoria Hospital and asked if we would volunteer nurses' work, and our pupils have never demurred, with the exception of one nurse, and her father and two brothers died from tuberculosis."

Question raised as to the duties of Victorian Order of Nurses in relation to Tuberculosis.

Miss MacKenzie—The Victorian Order is the National Visiting Nurses' Association of Canada. It undertakes every branch of visiting nursing in the Dominion of Canada. We encourage all our nurses to specialize in every branch, so that they will be authorities on visiting nursing in every phase of the work.

Miss Stanley—Our visiting nurse to the city has been discontinued since we took up the work at Byron. We cannot spare many from the hospital. I have promised a senior nurse to help with the work in that line.

Mrs. Fournier—If we look far enough we can see why Miss Stanley's nurses are not afraid of tuberculosis. It is because they have a teacher. If we all followed Miss Stanley's advice and her example, we would have no trouble either.

Miss Stanley—No, I cannot take the credit of this, much as I should like to. I think perhaps the main thing is implicit obedience. If I tell my nurses to do a thing, they do it because I say so. They have confidence in me because

they know I will not ask them to do a wrong thing. While I am there, there must be that keynote, and no training school is successful without it—implicit obedience.

Mrs. Fournier—Indirectly that would bring about the same result. It all hinges on education.

Mrs. Stanley—A great deal of the credit is due to the doctor at the hospital of the institution at Byron.

Miss Brent—I feel quite proud of the alumnae of our hospital, who were instrumental in starting the Heather Club, and who do volunteer nursing both in the homes and in the hospital in connection with tuberculosis.

Miss Trench—In the case of the child of a tubercular mother, would you bottle that baby or put her to the breast?

Mrs. Fournier—I think we have the strong instructions along that line. Milk does transmit bacilli. Such close relations between the mother and child are distinctly recognized as difficult. Children are bottle fed invariably, if the doctor is very particular along these lines.

Miss Trench—The doctor said that it would not harm the child, but it would pull the mother down.

Report of the Nominating Committee.

President—Miss Wilson.
First Vice-President—Miss MacKenzie.
Second Vice-President—Miss Stewart.
Secretary—Miss Scott.
Treasurer—Miss Brent.
Councillors—Miss Snively, Miss Hersey.
Auditor—Miss Rodgers.

Miss Stewart felt that under no circumstances could she act as Second Vice-President.

Moved by Miss Brent, that Miss Craig be appointed as Second Vice-President, instead of Miss Stewart. Seconded by Miss Phillips. Carried.

Moved by Miss Matheson, seconded by Miss Trench, that the Nominating Committee's report be accepted as read, with the change of Miss Craig's name being substituted for Miss Stewart's. Carried.

Unfinished Business.

Letters read from Dr. Robb and Miss Snively.

Toronto, June 9th, 1910.

Miss Alice J. Scott, Secretary Canadian Society Superintendents of Training Schools for Nurses, Grace Hospital, Toronto:

My Dear Miss Scott,—I am in receipt of your very kind letter, notifying me that our Society at its Annual Convention in Toronto had been kind enough to place on record a word of appreciation regarding my work for the profession of nursing, and had also seen fit to express pleasure that our efforts of a few years ago had resulted in the organization of the Society of which we are all now proud to be members. I need hardly tell you how glad I am to know from the Society as a whole that they have found it profitable, and I rejoice that in giving up my present position as Superintendent of the Toronto General Hospital Training School for Nurses, I shall be left with more time at my disposal in which to serve the Canadian Society of Superintendents of Training Schools for Nurses, and other kindred organizations.

Yours sincerely,

MARY A. SNIVELY.

No. 102 Rose Building, Cleveland, O., June 22, 1910.

My Dear Miss Scott:

Will you please convey my thanks to the members of your Association for the kind words of sympathy expressed in the resolutions passed at your meeting held recently. It has been a dreadful shock to all of us, and this, added to the grief, is almost overwhelming at times. She was so much to me and my boys, and you can imagine how thoroughly we depended upon her in every way. At present my feeling is one of utter hopelessness, but I must hold myself together for the love that she bore her two boys. I cannot realize that she is no longer here, and it seems that she is away and is coming back to us again. Then the horror of it comes to me. Please forgive my writing like this, but it is a relief to me. Thanking you again, I am,

Very sincerely yours,

HUNTER ROBB.

Miss Crosby—The Editorial Board of the "Canadian Nurse" will be very glad to have a representative from your Association on that Board. It is our object with the work for the Journal to have one representative from each Association of Nurses in the Dominion of Canada, and that representative will be responsible for supplying the journal with the news of that Association or with anything they may wish to publish in the journal. We have not had a representative from your Association, and would be very glad if you would appoint one to-day. I suggest that your Secretary be that member.

Miss MacKenzie—The Superintendents' Society should be a strong factor in the journal "Canadian Nurse" for Canada. We should do our part in making it a success. We should have a living pride in that magazine. Shall we leave the matter until to-night, when I understand the matter comes before us again, or not?

Miss Brent—Don't you think the President of the Society should be a member of that Board as well as the Secretary?

Mrs. Fournier—Might we have something definite from the Journal Board themselves as to the formation of the Board, and really what that Board consists in?

Miss Maxwell—Almost as well to know what you are doing before you decide anything. I know nothing about it. Consider it well and hear what is to be said to-night before coming to any conclusion. I make a motion that it be postponed until to-night. Seconded by Miss Green. Carried.

Miss MacKenzie—In regard to the printing of the Annual Report. We are having the Annual Report, discussions, etc., printed in the "Canadian Nurse." Will it be well to have a separate report printed, so that we can keep it on file? Of course the question of expense arises. The cost would be about $100 in having that report printed. It has been suggested that we might in some way get the Government, as our Society is a national society and our literature is very valuable to the Dominion, that we might get them to print our report as they do valuable papers, and we would not have practically any charge at all for it. What we want to know is, shall we do what we can in connection with the Government in getting it free of cost, or stand the expense ourselves after we have tried every other means?

Miss Phillips—How would the expense be met if the Government would not print it? Could the reports be sold to the different societies to meet expenses?

Miss MacKenzie—That has never been done. We will have about $50. We have never had a balance of $100.

Cost of previous reports read by Miss Brent.

Miss Maxwell—I move that it be left to the Executive, recommending that the printing be done by the Government if possible. Seconded by Miss Phillips. Carried.

RECOMMENDATIONS FROM THE EXECUTIVE.

That a committee be appointed to deal with the registration of nurses.

Miss Brent—It seems to me that Superintendents of the training schools of Canada should have a good deal to say in the question of registration. Is it for the graduate nurses to legislate for us what to do, or what stand should we take in connection with that?

Mrs. Fournier—I feel that the Superintendents of Nurses are the ones who wield the power and have a great deal of influence, but I feel that they could perhaps hold a greater influence over all if they took into their midst their graduates, and possibly this committee might be more effective if it began in the Superintendents' Association asking the Graduates' Association to supply so many members to act with that committee. In this way we would get a united effort, from which we will get better results. Ask the National Association also to supply this Association with a committee to draft this bill that has been mentioned. I will make a motion that we do form the nucleus of a committee for this work, and that we ask the Graduate Nurses to supply members also.

Motion—That a small committee be formed from this Association, to be the nucleus of a larger committee filled in with members of the National Association, and that a request to that effect be sent to the Executive of the National Association. Seconded by Miss Brent. Carried.

The President to make the appointment herself, or have the Executive make it.

Moved by Miss Brent, that the representative from this Association confer with the members of the National Council and arrange for a definite nursing department. Carried.

Miss Mackenzie—We regret that ill-health prevents Miss H. J. Melville from being here to-day to tell us of nursing work and conditions in West Central Africa. Her sister, Miss Margaret Melville, who is a teacher at the same station, has kindly come in her place.

Address by Miss Melville on "West Central Africa."

After taking her audience to the coast and from the steamer a long way south of the Equator, until they came to a place away out of civilization, into the interior, after a trying journey, Miss Melville described the dispensary, or hospital, as it is called, in the centre of about eight cottages or more. "It is the dispensary proper. On the other side is the operating room. The form of building isn't very satisfactory. The floor is of mud, and the walls are of mud, whitewashed. Last year we were there, a doctor who graduated in Ireland had a cement floor put in, which is an aid to cleanliness. Just to give you a little idea of the need of that medical work, I shall give you an outline of some of the cases that come to our notice. There are many, many superstitions that people have. No sickness at all ever comes, excepting by witchcraft. They are very superstitious about sickness. I recall a child not a year old that was brought to the dispensary school, and of course the evil spirit causing the sickness was inside the little one. They had taken a common knife and cut its little body in gashes. Its stomach was just one mass of cuts. They treated the child in that way in order that the evil spirit could be let out.

"The hospital is not as a hospital in this country. There are no resident nurses. The people have to be taken as they are. You can fancy one room in which the patient is lying ill, and crowded into it are the relatives. A patient will not stay if the relatives are not allowed to be there. In order to have power to treat patients we have to allow the relatives to be there and occupy the room with the patient. There was one man, who is now one of the evangelists, brought to the station. He had been sick with pneumonia. In his sickness he was a heathen. He had been treated by the fetich doctor, but had received no help.

He heard of the missionary hospital. He came, and was treated, recovered, and has since been one of the evangelists. He has been the means of bringing the gospel to many of those in the villages.

"The natives wear charms in order to prevent sickness. They tie them around their necks, some looking like chains of little sticks. They also tie a string around the ankle, which they think helps in the cure.

"Another young man had a goitre. They believed it was caused by anger. They would not believe that it was water. He came to us quite a little boy and he had a very large goitre. He was brought to the station by his father and lived there. He has been cured long ago, but remained at school. He is now a young teacher and has formed another station himself and teaches others. He was brought to us by illness.

"A chief, who is a wonderful man, and has a great deal of power in his own country, came to us with pneumonia. He had been treated by the natives. He came and was treated in our station and has since built a station schoolhouse with six hundred people under his charge. He has been the means of saving many souls. He was brought to the knowledge of Christ by the medical work which is being carried on there.

"A great number come to the dispensary, the number during the last six months being over eight thousand people. It is a great means of drawing people to listen to these better and greater things.

"One case which came under our care was very bad. It was a case of slavery, for these people keep slaves. They are badly treated at times. I was going down to the school and met a young boy one day. I thought it was a girl by the clothing and fine features the lad had. He was barely able to walk, a pitiable cripple. I said, 'Where are you going?' 'I have come to the white doctor.' I said, 'Well, he is up in the dispensary; go up now.' He went up and told his story. He had been a slave and had fallen in a fire and been terribly burned, and of course now he was no use to his master. He was sent to the woods and tied there with a rope because he was no good. He got free and came with his rope in his hand to the missionaries'. He was taken in and kindly treated. His wounds were healed, and he was able to do a little work, just some simple little work. Two of his fingers had grown together, and he was disabled because of his diseases and his ill treatment.

"There are many amusing things happen also. There was one young child that had to have skin grafted. A native assistant told us about it. 'Why, they put the baby to sleep to begin with, and we thought it was dead. The doctor cuts people and puts on patches.' He was so amused at such things being done.

"A little native was brought in with club feet. The mother was distressed. Plaster casts were put on and the mother told to bring the child back in about two weeks, and if the cast should become loose she was told to bring it back immediately. The child was brought back about three months later. There wasn't a sign of a plaster cast except one little piece hanging on by a piece of cloth. The doctor scolded and put on another, and again cautioned her to be sure and bring the child back within a certain time. Time passed and more time passed, and when she came back with it the plaster was loose. The last time I saw it one foot was quite straight and the other was nearly straightened.

"There are many difficulties connected with the work that we here cannot realize. Cataracts have been removed, many of them. One of the most difficult things after the operation is to get them to realize that they must keep the eyes covered. I just want to tell you about one young girl. There is a peculiar disease in that country. A certain blood blister forms, and this girl had this disease. She had been a traveller. She had been down to the coast, 300 miles, and far, far into the interior, and had been for oil in another direction. She was about sixteen, and when this disease came it was a great trial to her because

of her fondness for going with men of trading. She was treated by a native doctor, but became worse. My sister happened to be over in this station that was quite near their village, visiting, and her cousin, a Christian woman, brought this girl to my sister to see what she could do with her. The girl couldn't see at all. My sister told her to bring her to our station. The girl was brought. Fancy traveling with a blind girl over rugged paths, foot paths, and over bridges, for four days, until they came to the missionary station. A visiting doctor happened along and the case was shown to him. He shook his head, nothing could be done. Another doctor came. Nothing could be done. Now we have doctors of our own, but they were not there at that time. Many examinations were made. The girl kept coming in and asking to have her eyes healed. She felt so badly that she was to be blind. But we had to tell her that we were afraid nothing could be done. The girl at last gradually began to become cheerful and bright. Could follow light and that was all. She would go out to the field with the others, and take her hoe and do the best she could. One day she was in the girls' afternoon meeting on Sunday. She rose to her feet and said: 'I want to tell you something, girls. I cannot see any of you. I can see nothing; but I have something that gives a light in my heart. I can see in my heart, although I cannot see with these eyes, and I am thankful that I came here to the mission station, and that I am blind, because I never should have left my own town, and I was so fond of travel I never should have been able to come here and have gotten the light in my heart, that I could not possibly have gotten away over in that other country. I am thankful that I am blind, because I never would have had that light.'

"These are just a few cases to show that medical work is one of the most useful. There are two millions of people that know nothing at all of the light that lightens every man that comes into the world."

INDIAN WORK.

The Indian has been more or less in the public eye since the day Jacques Cartier sailed up the St. Lawrence, and some effort has been put forth (with more or less enthusiasm) toward civilization, since the gentle ladies of France bravely sailed over the seas to spend and be spent for the aborigines of the newly found lands. After a lapse of three centuries what is the condition of the race to-day?

It is true we have shining examples of the possibility of the Indian; individuals have climbed to enviable positions in the ladder of fame, but as a race it is still the day of small things.

The great difficulty in the past has been the nomadic habits—no fixed place of abode—here to-day, there to-morrow. Under these conditions, it is evident that outside of evangelistic work very little could be accomplished. Happily, to-day, the roaming habit of fhe Indian is practically a thing of the past. Owing to the onward march of civilization the red man was induced to resign his lordly estates and to take up his hunting-grounds farther and farther back. The day has come when the last west and north have shown up possibilities to the settler undreamed of a few years ago. The buffalo has disappeared from our great western prairies, the fishes and game are gradually being eliminated from our lakes and woods; the ever onward rush of emigration is depriving the Indian of his livelihood. Year after year the Indian problem is one of greater increasing urgency. In the name of honor and justice there is but one solution. Such judicious assistance as will enable the red man to become a self-supporting, self-respecting Canadian citizen. It is evident the Indian must become an agriculturist. This is what the Canadian Government is aiming at and putting forth every possible effort with this end in view.

Reservations have been allotted to the various bands, upon which they have built their primitive homes. From sheer necessity they are giving up the hunt and chase as a means of livelihood and depending more and more upon the cultivation of the land. These reservations afford great scope for nurses with strong missionary tendencies and a love of the work for the work's sake. One must deal with stupendous ignorance and superstition, with a people who know not how to care for themselves in health, much less in illness. Abscesses securely covered with ratskins, septic wounds generously besmeared with blueberry juice, the body wound with brightly colored ribbons, betoken some of their efforts to check the progress of disease. When illness comes upon an Indian there is a threefold duty which the friends feel they owe the unfortunate one.

First—To keep him as a hot house plant. One finds blankets like portieres hanging over the door to ward off the possibility of any fresh air reaching the patient, every crevice stuffed with rags, the patient always fully dressed even to the moccasins and often wearing some of his outdoor garments. A familiar sight is rabbit skins wound round each foot and hand and a band of cotton encircling the head.

Secondly—To urge the sick one to eat his usual portion of meat and bannock that he may not get weak.

Thirdly—To induce the patient to walk a short time every day that he may not lose the use of his legs.

In regard to medicine, it must be highly colored, preferably bright red, and also have an agreeable odor, or to the Indian's mind it is "no good" and he will not use it. One has rivals in the native medicine men. Even Christian Indians of many years' standing retain some heathen ideas and are loth to give up the traditions of their race. Regarding compensation, the medicine men are often very relentless and will demand anything which a man possesses—perhaps his only cow, in one instance the sick man's last pair of trousers. One must admit some medicine men possess an extensive knowledge of the medicinal properties of some herbs and sometimes are remarkably successful in curing diseases which they know, but in general their skill is a fraud and violates every principle of physiology.

In an interesting address on "Heathenism" before the Woman's Auxiliary, the Rev. Louis Laronde, B.A., of Winnipeg, said:—"The secret fraternity of medicine men is the chief institution of heathenism. These are of different grades and of different degrees of power according to the number of years of their probation. The Indians are naturally credulous and superstitious in everything connected with native religion. They attribute every sickness to the secret enmity of man or to evil spirits. The medicine men understand this characteristic and they take full advantage of it for their own ends. They magnify even simple ailments into dangerous illnesses and when they have frightened their patients (as they readily do) they have them at their will. Should a patient recover from a supposed dangerous illness after treatment the medicine man receives all the glory, but should the patient be beyond his skill then it is the will of the Great Spirit that the patient should die and die he does under this verdict. Much value is attached by the medicine men to the deafening sound of the drum, as it is supposed that such a noise in the patient's room drives away the evil spirit."

Heartaches, disappointments, discouragements and loneliness are inseparable from the work. Yet it has its lights as well as its shadows, and very much to encourage. The worker needs patience, infinite patience. First the blade, then the ear, then the full corn in the ear. It may be ours to see the blade only. Some must be content to sow, knowing well that others will reap.

Literature tells us that the work of a nurse is a powerful auxiliary to the furtherance of the gospel, a leading feature of the present age. To save life, to minimize bodily affliction, to nurse with tender care the diseased and dis-

tressed is to gain an honest and powerful hold upon the affections, and this can be utilized to teach them the ways of His true and beautiful religion. No training better fits a woman for mission work than that of the hospital. Alas! how few enter with this object in view, yet one could not make a better investment with her life. There are brilliant exceptions, but as a class do we not need our light removed from under the bushel of selfishness? Are we not too much taken up with self and self-interest? Do we not often imagine we are serving God when in fact we are only serving ourselves?

In view of the fact that there is such a dearth of candidates for the mission fields—fields which are white unto the harvest—would it not be well for our undergraduates to have the opportunity of occasionally listening to missionary addresses in the class room? It could easily be arranged and far-reaching might be the results. It certainly would have a tendency to fan the spark in those who had an inclination for the work, awaken the spirit in others and a source of inspiration to all.

We owe much to the Indians. Are we not the possessors of their happy home of years gone by? Should be not give them something instead?

By virtue of her training, who is better fitted than a nurse for the great work of guiding and directing this people to a higher saner plane of living? Christianity the Indians accept quite readily and usually make honest, sincere men and women. In many homes family prayer is conducted night and morning and the Christian Indians are rarely absent from church without good reason. Wherever an Indian goes he carries his books, his Bible, prayer book and hymnal.

There is something sweetly solemn in visiting an Indian encampment at the hour of prayer. When away on hunting trips, though tired and weary from the day's tramp, the hunters congregate round the camp fire and by its embers an unbroken circle of dusky faces may be seen bending low over the book of books —then a hymn of faith is sung. We raise our hearts in thankfulness to God when we remember that they are the near descendants of a war-loving, heathen tribe. All honor to those noble pioneers who penetrated the trackless forests, searched out the roaming bands, amidst hardships and perilous journeys to bring them the gospel of peace. Many touching instances could be cited of the self-sacrificing missionaries who left friends and the comforts of civilization behind and obeyed the parting command of our risen Lord and Saviour—but they went forth not alone, they had the blessed assurance of that promise which accompanied the command, "Lo, I am with you." Sufferings and hardships were cheerfully borne to win our Indians to Christ and the missions have in a fuller measure been permanently consecrated to Him by the laying down of the lives of some of His sanctified ones.

The romance which surrounds the Indian in the well told tales of Fennimore Cooper, the decorations of war paint and feathers, emblematic of heathenism, are things of the past at Fort à la Corne, Saskatchewan, where I have the privilege of being a worker.

On James Smith's reserve of 40,000 acres we have a band of God-fearing, God-loving people devoted to the church—a band in a semi-civilized state and I believe a few years hence a wonderful advancement will have been made by these Indians.

There are those who can perceive the glory and patriotism of welcoming to our shores the poor and oppressed of every land and reaching out a helping hand, but I regret to say these same people are lukewarm when it is proposed to extend the same aid to the heir of these ancestral estates. Why this attitude; why this lack of interest? Surely there is a lack of interest when we remember that the Indians of the Dominion of Canada are a mere handful, comparatively speaking, yet in the one diocese of Saskatchewan it is estimated that there are 1,000 pagans,

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400 for whom absolutely nothing is being done by any religious body or denomination. Surely the words are as true to-day as when first uttered by our Lord and Saviour, "the laborers are few."

Permit me to quote some replies to the question, Why such a lack of interest in Indian work?

First—The Indians are a vanishing race; they are dying out. The best Canadian authority is that apostle to the Indians, the Venerable Archdeacon Mackay of Saskatchewan. An extract from his latest report on Indian work says:—"By reference to the statistics of the Indian Department we find that during the past ten years the Indian population has increased at the rate of 1,000 per year in the Dominion of Canada, and this in spite of the fact that several bands have been passing through a transition state which must naturally result in a very high death rate. They have experienced a complete change in their mode of life. Formerly they roamed the prairie, lived in tepees with plenty of ventilation and pure air and had an abundant supply of fresh meat for their subsistence. From this they changed to the reserve life, living in overcrowded, wretched shacks and carrying into their habitations all the habits of camp life. From an abundance of fresh buffalo meat they had to subsist on salt bacon and bannock, which would ruin the digestion of any ordinary mortal. Anyone who knows the conditions through which these Indians have passed must realize the fact that a race that can pass through such an experience without more loss is not likely to die out, and as a matter of fact they are not dying out. They have passed the turning point and are now steadly increasing."

Secondly—The Indian is not capable of assimilating our civilization. Happily it is not the idea of those who know whereof they speak. If results have been indifferent it may be we have been remiss in our responsibilities.

Thirdly—I am not interested in missions. We sometimes hear the expression, "I believe it is a kindness to leave the Indian alone. He is happy in his own way. Why disturb him? God is gracious. He will save him at the last." Surely a strange expression for one who calls himself a Christian. Christianity is a life and if we have a life which others have not, how can one be happy and content unless he is proclaiming this life in some of the many ways? Again, eternal life is not being "saved at the last." It is knowing God. The song of the angels at Christ's birth was "Peace on earth." Christ says, "Go tell my children that I have made peace." What condescension on God's part that we should be given a share in the great work of redemption, "Workers together with Him."

Fourthly—I am not fitted to undertake mission work. This is the word of the Lord, "Not by might, nor by power, but by my Spirit." What we all need is to be "filled with the Spirit." It is the great essential. Without it we may as well attempt to be of service to God among the non-Christian as an army might attempt to invade another country without ammunition. But if we consecrate ourselves to God's service, if we honestly endeavor to obey His commands, if we are filled with the Spirit, there need be no fear of failure in His work.

"Lovest thou Me?" It is the Master
Asks this question day by day;
Can we with the lips adore Him
While our actions answer "Nay"?

"Lovest thou Me?" "Then over yonder
See them on the mountain steep;
Be for Me an under shepherd;
If you love Me, feed my sheep."

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The Secretary announced that invitations for annual meeting for 1912 had been received from Gravenhurst and Hamilton.

Miss Scott—I move that the matter be referred to the Executive. Seconded by Mrs. Fournier, that time and place of next annual meeting be left to the Executive. The two invitations to be considered.

Motion—That letters of appreciation be sent to those who have been so kind and hospitable, and who have helped us in our meeting. Seconded by Miss Madden. Carried.

LIST OF THOSE WHO REGISTERED.

Miss Mary Ard Mackenzie, Chief Superintendent Victorian Order of Nurses.

Miss Margaret G. Stanley, Lady Superintendent Victoria Hospital, London.

Miss Clara H. Greene, Superintendent General Hospital, Belleville.

Miss Robina L. Stewart, Superintendent of Nurses Toronto General Hospital Training School for Nurses.

Miss Lottie Fanazick, Superintendent General Hospital, Chatham.

Miss Kate Madden, Superintendent of Nurses City Hospital, Hamilton.

Miss Nellie Goodhue, Assistant Superintendent of Nurses Royal Victoria Hospital, Montreal.

Miss Florence J. Potts, Assistant Superintendent Hospital for Sick Children, Toronto.

Miss Jean L. Edgar, Night Supervisor, Hospital for Sick Children.

Miss M. Byrd McClive, Private Nurse, Niagara Falls, Ont.

Miss Lillian C. Phillips, Superintendent Montreal Foundling and Baby Hospital, Montreal.

Miss Edith F. Trench, Lady Superintendent Woman's Hospital, Montreal.

Miss Jessie A. Gibson, Superintendent General Hospital, Kincardine.

Miss Kate Matheson, Superintendent Riverdale Hospital, Toronto.

Miss Margaret J. Reynolds, Welfare Nurse, London, Ont.

Miss Elizabeth Ross Greene, Superintendent Hospital for Incurables, Toronto.

Miss Anna M. Connor, Private Nurse, Toronto.

Mr. J. Ross Robertson, Honorary Member.

Miss Annie W. Goodrich, Inspector Nurse Training Schools, Education Department, Albany, New York.

Miss Alice Y. Scott, 11 Chicora Ave., Toronto.

Mrs. H. M. F. Bowman, Superintendent Berlin and Waterloo Hospitals, Berlin.

Miss E. S. Maxwell, Superintendent St. Luke's Hospital, Ottawa.

Miss M. E. Christie, Toronto.

Miss Margaret N. Walsh, Private Nurse, Kingston.

Miss Katherine Stewart, General Hospital, Winnipeg.

Miss Annie M. Andrews, General Hospital, Medicine Hat.

Miss May S. Wilson, Lozier Memorial Hospital, New York City.

Miss Jean C. Wardell, Presbyterian Hospital, Philadelphia, Pa.

Miss Carrie De Vellin, Grace Hospital, Toronto.

Mrs. E. G. Fournier, Superintendent Minnewaska, Gravenhurst.

Miss Fannie Dixon, Nicholls' Hospital, Peterboro.

Miss Margaret A. Brown, Nicholls' Hospital, Peterboro.

Miss Bella Crosby, Editor "The Canadian Nurse."

Miss Jennie C. MacBain, Assistant Head Nurse, Hospital for Insane, Hamilton.

Miss Ada C. Hodges, Superintendent Alexandra Hospital, Ingersoll.

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SUMMER CLASS OPENS JULY 11, 1911—FALL CLASSES, SEPT. 20 and NOV. 15, 1911

INSTRUCTORS

HOWARD T. KARSNER, M.D. (Demonstr., U. of Pa.)

HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

WM. EGBERT ROBERTSON, M. D., Professor of Medicine, Temple University.

WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VONCOTZHAUSEN, Ph.G., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute).

MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Inst.)

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Miss Mary A. Snively, Retired.
Miss Mina M. Rodgers, Superintendent Niagara Falls Hospital, Niagara Falls, Ont.
Miss Elizabeth McColl, Superintendent Ottawa Maternity Hospital.
Miss Eleanor Johnston, Superintendent Orillia General Hospital, Orillia.
Miss Bertha Miller, Superintendent Amasa Wood Hospital, St. Thomas.
Miss Margaret M. Carson, Superintendent General and Marine Hospital, Owen Sound.
Mrs. Anna M. Staebler, Superintendent General Hospital, Stratford, Ont.
Miss Martha Y. E. Morton, Superintendent General and Marine Hospital, Collingwood.
Miss M. Elizabeth Lord, Barrie, Ont.
Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto.
Miss M. M. O'Donnell, Head Nurse Rockwood Hospital for Insane, Kingston.

HOSPITAL ACCOUNTING.

The subject of Hospital Accounting is of so extensive a character that any exhaustive consideration of the question would be impossible within the limits of a paper such as the present. A correct and detailed setting out of the various items which comprise the receipts and expenditure of a modern, up-to-date hospital is of primary importance, not only for the welfare of the institution, but also for the information of the subscribers and the public in general. We will first consider the revenue, and from what sources it is derived. This, of course, varies very much, according to the class of hospital, whether endowed, partially so, or not at all. In a general way, the receipts are derived from pay patients, subscriptions, government and municipal grants, interest from endowments and legacies; the latter being generally set apart from current revenue, and only the interest being available for that purpose.

The book of original entry for patients is the Register, in which are set forth the name and various other particulars, with rate charged, from which an account is opened in the Ledger, preferably a loose-leaf, alphabetical one, for pay patients. Various subsidiary books, such as special nursing, operations, etc., are also necessary for keeping account of those items. A columnar Cash Book, ruled to embrace the different items credited to the patient's account, will be found most convenient. The amounts totalled horizontally will close the account in the ledger, and vertically will show the sum received from each item, the total of each showing the sum received for the month from this source. The credit side will show the deposits made in the bank during the month, these sums and the receipts being self-balancing. A general Cash Book will be required, into which will be carried each month the total from the Patients' Cash Book. In this book will also be entered, each month, the moneys received from other sources, such as subscriptions, grants, etc. In the case of municipalities making a per diem allowance for indigent patients a book specially prepared to record the names, dates of entry, discharge and such other items of information as are required, will be the best method of keeping such accounts, a monthly statement being prepared and sent in from

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